

Carson City Agenda Report

Date Submitted: June 10, 2014

Agenda Date Requested: June 19, 2014

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Community Development - Business License Division

Subject Title: For possible action to approve Michael Richardson as the liquor manager for MS Rafter, LLC. dba Barcade Inn (Liquor License #14-30024) located at 1930 N. Carson St. (Lena Reseck)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. MS Rafter, LLC. dba Barcade Inn is applying for a bar liquor license. A bar in the Retail Commercial Zoning District requires a Special Use Permit approved by the Planning Commission. This Special Use Permit is going before the Planning Commission on June 25, 2014. Staff is recommending approval pending approval of the Special Use Permit by the Planning Commission.

Type of Action Requested:

Resolution
 Formal Action/Motion

Ordinance
 Other (Specify)

Does This Action Require A Business Impact Statement: () Yes (X) No

Recommended Board Action: I move to approve Michael Richardson as the liquor manager for MS Rafter, LLC. dba Barcade Inn (Liquor License #14-30024) located at 1930 N. Carson St. pending the approval of the Special Use Permit by the Planning Commission on June 25, 2014.

Explanation for Recommended Board Action: The Liquor Board has the authority to approve all liquor licenses pursuant to CCMC 4.13(1).

Applicable Statute, Code, Policy, Rule or Regulation: CCMC 4.13

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

Alternatives: 1) Refer back to the Business License Division, or
2) Deny

Supporting Material: 1) Carson City Liquor License Application
2) Carson City Health and Human Services Inspection Report
3) Carson City Sheriff's Office Background Investigation

Prepared By: Lena Reseck, Senior Permit Technician

Reviewed By:

Michael Yamano
(City Manager)
Dandy Lee
(District Attorney's Office)
Susan Comstock
(Planning Manager)
Mark P. Smith
(Finance Director)

Date: 6/10/14

Date: 6/10/14

Date: 6.3.14

Date: 6/10/14

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay _____
2) _____

_____ (Vote Recorded By)

**CARSON CITY LICENSE APPLICATION**

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #: LL#14-30024
BL#14-30603
Submittal Date: 5/15/15

<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input type="checkbox"/> Other	
Type of License(s)	Business		<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor
Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	
Entity Name <i>MS RAPTER, LLC</i>			Business Opening Date <i>5/15/15</i>		
Business Name (DPA) <i>BARCADE INN</i>			EIN # <i>46-4517129</i>		
Business Address <i>1930 N Carson St.</i>	City <i>Carson City</i>	State <i>NV</i>	Zip Code		
Mailing Address <i>504 E Musser St.</i>	City <i>Carson City</i>	State <i>NV</i>	Zip Code <i>89701</i>		
Corporate Phone <i>775-691-1238</i>	Business Phone <i>775-691-1238</i>	Cellular Phone	Business Fax <i>775-562-2651</i>		
E-mail Address <i>mike FMI 6 charter.net</i>			Business Website		
Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
Last, First, MI <i>Richardson Michael G</i>	Percent Owned <i>50%</i>	Title <i>President</i>	Date of Birth <i>11-5-62</i>	Residence Telephone <i>775-691-1238</i>	
Residence Address (Street) <i>1352 Sanden Lane Minden NV</i>		City, State, Zip <i>Minden NV 89423</i>			
Last, First, MI <i>Richardson Selena D</i>	Percent Owned <i>50%</i>	Title <i>Sec.</i>	Date of Birth <i>7-11-60</i>	Residence Telephone <i>775-691-1238</i>	
Residence Address (Street) <i>1352 Sanden Lane</i>		City, State, Zip <i>Minden NV 89423</i>			
Last, First, MI	Percent Owned	Title	Date of Birth	SSN	
Residence Address (Street)		City, State, Zip	Residence Telephone		
Manager/Liquor Manager		<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number		
Residence Address (Street)		City, State, Zip			

Pursuant to NRS 244.33507 and 42 U.S.C. Sec. 666, you are required to provide your social security number on the application for a license, permit, or certificate for the purpose of determining whether or not you have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child or you are in arrears in the payment for the support of one or more children

13 Describe in detail the activity of your business
Bar serving beer, wine, hard liquor. Pool tables, darts, music.

Type of Liquor License Applying for (If applicable)					
<input checked="" type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement?		
List number of slot machines (If applicable)			List number of table games (If applicable)		
<input type="checkbox"/> 1 cent _____	<input type="checkbox"/> Multi _____	<input type="checkbox"/> Craps _____	<input type="checkbox"/> Baccarat _____		
<input type="checkbox"/> 5 cent _____	<input type="checkbox"/> Poker _____	<input type="checkbox"/> Roulette _____	<input type="checkbox"/> Race Book _____		
<input type="checkbox"/> 25 cent _____	<input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Twenty-One _____	<input type="checkbox"/> Sports Book _____		
<input type="checkbox"/> 1.00 _____		<input type="checkbox"/> Keno _____	<input type="checkbox"/> Poker _____		
17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below <i>Carson City Inn.</i>					
18 Check One	<input checked="" type="checkbox"/> I am not subject to a court order for the support of a child				
	<input type="checkbox"/> I am subject to a court order for the support of one or more children and am <i>in compliance</i> with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order				
	<input type="checkbox"/> I am subject to a court order for the support of one or more children and am <i>not in compliance</i> with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order				

Miscellaneous Information	Please answer this section if your business is <i>located</i> in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180	
	Is your business location zoned for this type of business <i>Yes</i>	Has a Special Use Permit been obtained for this business location <i>No</i>
	Will you be installing any outdoor signs <i>No</i>	Are there any existing signs of the property <i>Yes</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>No</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>No</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>No/te</i>	

Rules and Regulations	I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary city departments	
	<ul style="list-style-type: none"> • If any changes are made after completing said license application this office must be notified immediately and an updated is required. • A business license, liquor license, and/or gaming license are issued to a given owner at a SPECIFIC LOCATION and are NON-TRANSFERRABLE to a different owner or different location • Non-payment of annual and quarterly business license, liquor license, and/or gaming license fees by the due date will result in applied penalties and is grounds for the revocation of the license. • Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation 	
I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.		
Applicant's Signature		Date <u>3/31/2014</u>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES
Business License Fee		<u>63.85</u>	Business License Annual Fee: <u>164.15</u>
Square Footage		<u>13.00</u>	Business License Pro-rated Fee: <u>82.08 (July-Dec 14)</u>
Number of Employees	<u>2</u>	<u>12.30</u>	Business License Application/Update Fee: <u>25.00</u>
Health Fee		<u>75.00</u>	Liquor License Annual Fee: <u>800.00</u>
Number of Rental Units			Liquor License Pro-rated Fee: <u>1000.00</u>
Number of Coin Operated Machines			Liquor License Application Fee: <u>500.00</u>
Number of Slot Machines			Liquor License Investigation Fee: <u>500.00</u>
TOTAL FEES DUE: <u>1652.08</u>			Gaming License Quarterly Fee: <u>20.00</u>
Payment Type	<u>Cash</u>		Gaming License Application Fee: <u>25.00</u>
Received By <u>SW</u>	Date <u>5-15-2014</u>		Fictitious Name Fee: <u>20.00</u>
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: <u>25.00</u>

Memorandum

TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: May 29, 2014

RE: June 19, 2014 Meeting, Barcade LICENSE



On May 14, 2014, an inspection of Barcade, 1930 N. Carson St., was conducted. At the time of inspection the premises generally met CCHHS standards and received general approval by this department. Only minor punch list items were noted. These should be corrected by the time of opening. Please contact CCHHS with any questions or concerns.

Phone: (775)887-2190

Fax: (775)887-2248

Dustin Boothe
Environmental Health Program Manager

Robert Elliott
Environmental Health Specialist II

Marissa Ure
Environmental Health Specialist I

Copied:
Lena Reseck, Business License