

Carson City Agenda Report

Date Submitted: September 22, 2015

Agenda Date Requested: October 1, 2015

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Community Development - Business License Division

Subject Title: For Possible Action: To approve Randal Lyman as the liquor manager for Good Spirits Distributing, LLC. (Liquor License #16-30967) located in Henderson, Nevada. (Lena Reseck, lresek@carson.org)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Good Spirits Distributing, LLC. is applying for a general wholesale liquor license. Good Spirits Distributing LLC. will be distributing to businesses in the Carson City area. Staff is recommending approval.

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 Randal Lyman as the liquor manager for Good Spirits Distributing, LLC. (Liquor License #16-30967) located in Henderson, Nevada.

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 Sheriff's Office Background Investigation

Board Action Report - Liquor License
Lyman (Good Spirits Distributing)
October 1, 2015
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Prepared By: Lena Reseck, Senior Permit Technician

Reviewed By:

Lena Reseck
(Planning Manager)
Rich Marano
(City Manager)
Joe Gipps
(District Attorney's Office)
Nan Paulson
(Finance Director)

Date: 9/16/15
Date: 9/22/15
Date: 9/22/15
Date: 9/22/15

Board Action Taken:

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

(Vote Recorded By)

44-16-30967



CARSON CITY LICENSE APPLICATION

Business License #:

BL15-31274

Submittal Date:

8/13/2015

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

1 <input checked="" type="checkbox"/> New Business	2 <input type="checkbox"/> Change of Location/Mailing	3 <input type="checkbox"/> Change of Name	4 <input type="checkbox"/> Change of Corporate Officer	5 <input type="checkbox"/> Other
6 Type of License(s) <input checked="" type="checkbox"/> Business	7 <input type="checkbox"/> Short-Term	8 <input type="checkbox"/> Gaming	9 <input checked="" type="checkbox"/> Liquor	
10 Type of Entity <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation	11 <input type="checkbox"/> Partnership	12 <input checked="" type="checkbox"/> Limited Liability Company	13 <input type="checkbox"/> Non-Profit	
Entity Name Good Spirits Distributing, LLC				14 Business Opening Date 5
Business Name (DBA) Good Spirits Distributing				15 EIN # 7 47-2933852
16 Business Address 900 W. Warm Springs Road, Suite 105	17 City Henderson	18 State NV	19 Zip Code 89011	
20 Mailing Address P.O. Box 5009	21 City Everett	22 State WA	23 Zip Code 98206	
24 Corporate Phone 425-879-6244	25 Business Phone 702-567-5007	26 Cellular Phone 425-879-6244	27 Business Fax 702-567-5009	
28 E-mail Address rl@goodspiritsdistributing.com	29 Business Website Good Spirits Distributing .com			
30 Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
31 Last, First, MI Lyman, Randal A.	32 Percent Owned 100%	33 Title Manager	34 Date of Birth 9/16/1961	
35 Residence Address (Street) 7253 Dune Lake Road, SE			36 City, State, Zip Moses Lake, WA 98837	
37 Last, First, MI	38 Percent Owned	39 Title	40 Date of Birth	41 SSN
42 Residence Address (Street)			43 City, State, Zip	
44 Last, First, MI	45 Percent Owned	46 Title	47 Date of Birth	48 SSN
49 Residence Address (Street)			50 City, State, Zip	
51 Manager/Liquor Manager Lyman, Randal A.			52 <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site	53 Contact Phone Number 425-879-6244
54 Residence Address (Street) 7253 Dune Lake Road, SE			55 City, State, Zip Moses Lake, WA 98837	
56 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				
57 Describe in detail the activity of your business Non-resident Wholesale Liquor Distributor, located outside Carson City.				
58 Type of Liquor License Applying for (If applicable)				
59 <input type="checkbox"/> Tavern/Bar	60 <input type="checkbox"/> Dining Room w/Beer and Wine Only	61 <input type="checkbox"/> Packaged Liquor	62 <input type="checkbox"/> Dining Room w/Hard Liquor	63 <input type="checkbox"/> Combo (On-Premise & Pkg) <input checked="" type="checkbox"/> General Wholesale
64 <input type="checkbox"/> Catering	65 <input type="checkbox"/> Additional Wet Bars _____			
66 Will there be an Interim Management Agreement? No				
67 List number of slot machines (If applicable) N/A			68 List number of table games (If applicable) N/A	
69 <input type="checkbox"/> 1 cent _____	70 <input type="checkbox"/> Multi _____	71 <input type="checkbox"/> Craps _____	72 <input type="checkbox"/> Baccarat _____	
73 <input type="checkbox"/> 5 cent _____	74 <input type="checkbox"/> Poker _____	75 <input type="checkbox"/> Roulette _____	76 <input type="checkbox"/> Race Book _____	
77 <input type="checkbox"/> 25 cent _____	78 <input type="checkbox"/> Mega Buck _____	79 <input type="checkbox"/> Twenty-One _____	80 <input type="checkbox"/> Sports Book _____	
81 <input type="checkbox"/> 1.00 _____		82 <input type="checkbox"/> Keno _____	83 <input type="checkbox"/> Poker _____	
84 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below N/A				
85 <input checked="" type="checkbox"/> I am not subject to a court order for the support of a child				
86 <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				
87 <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				

<p>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 N/A - The business location is located in the City of Henderson, Nevada.</p>	
Is your business location zoned for this type of business	Has a Special Use Permit been obtained for this business location
Will you be installing any outdoor signs	Are there any existing signs on the property
Will there be any outside storage (If yes, please explain items being stored and how being screened)	
Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

<p>Rules and Regulations</p>	<p>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</p> <ul style="list-style-type: none"> • If any changes are made after completing said license application this office must be notified immediately and an update 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.
	<p>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.</p> <p>Applicant's Signature </p>
	<p>Date <u>24 July 2015</u></p>

FEES STRUCTURE	FEES	LICENSE TOTAL FEES
Business License Fee	<u>79.90</u>	Business License Annual Fee: <u>79.90</u>
Square Footage		Business License Pro-rated Fee: <u>33.55 Aug-Dec 2015</u>
Number of Employees		Business License Application/Update Fee: <u>25.00</u>
Health Fee		Liquor License Annual Fee: <u>1800.00</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>1558.55</u>	Gaming License Quarterly Fee: <u>0</u>
Payment Type	<u>CH# 59579</u>	Gaming License Application Fee: <u>0</u>
Received By <u>SW</u>	Date <u>8-13-2015</u>	Fictitious Name Fee: <u>0</u>
Date Applicant Fingerprinted	By _____	Health Pre-Inspection Fee: <u>0</u>

\$245.45 overpayment