

**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, lreseck@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

Prepared By: Lena Reseck, Senior Permit Technician

Reviewed By:

Susan Farsky
 (Planning Manager)
Lick Miranda
 (City Manager)
[Signature]
 (District Attorney's Office)
Dan Paulson
 (Finance Director)

Date: 9.16.15

Date: 9/22/15

Date: 9/22/15

Date: 9/22/15

Board Action Taken:


Motion: _____

1) _____
 2) _____


Aye/Nay

 (Vote Recorded By)

44# 16-30967

 CARSON CITY LICENSE APPLICATION		Business License #:	
Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature		BLIS-31274	
		Submittal Date: 8/13/2015	
<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)		<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Non-Profit		
Entity Name		Business Opening Date	
Good Spirits Distributing, LLC			
Business Name (DBA)		EIN #	
Good Spirits Distributing		47-2933852	
Business Address		City	State
900 W. Warm Springs Road, Suite 105		Henderson	NV
Mailing Address		City	State
P.O. Box 5009		Everett	WA
Corporate Phone	Business Phone	Cellular Phone	Business Fax
425-879-6244	702-567-5007	425-879-6244	702-567-5009
E-mail Address		Business Website	
rl@goodspiritsdistributing.com		Good Spirits Distributing .com	
Owner(s), Manager(s), or other Principal(s) attach additional pages if required			
Last, First, MI		Percent Owned	Title
Lyman, Randal A.		100%	Manager
Residence Address (Street)		City, State, Zip	Residence Telephone
7253 Dune Lake Road, SE		Moses Lake, WA 98837	425-879-6244
Last, First, MI		Percent Owned	Title
Residence Address (Street)		City, State, Zip	Residence Telephone
Last, First, MI		Percent Owned	Title
Residence Address (Street)		City, State, Zip	Residence Telephone
Manager/Liquor Manager		<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site Contact Phone Number	
Lyman, Randal A.		425-879-6244	
Residence Address (Street)		City, State, Zip	
7253 Dune Lake Road, SE		Moses Lake, WA 98837	
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			
Describe in detail the activity of your business			
Non-resident Wholesale Liquor Distributor, located outside Carson City.			
Type of Liquor License Applying for (If applicable)			
<input 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 checked="" type="checkbox"/> General Wholesale			
<input type="checkbox"/> Catering <input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement?	
		No	
List number of slot machines (If applicable) N/A		List number of table games (If applicable) N/A	
<input type="checkbox"/> 1 cent _____ <input type="checkbox"/> Multi _____ <input type="checkbox"/> 5 cent _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> Mega Buck _____ <input type="checkbox"/> 1.00 _____		<input type="checkbox"/> Craps _____ <input type="checkbox"/> Baccarat _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Race Book _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Sports Book _____ <input type="checkbox"/> Keno _____ <input type="checkbox"/> Poker _____	
If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below			
N/A			
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 N/A - The business location is located in the City of Henderson, Nevada.	
	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 of 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	

Rules and Regulations	<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 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. <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 <u></u></p>	<p>Date <u>24 July 2015</u></p>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES	
Business License Fee		79.90	Business License Annual Fee:	79.90
Square Footage			Business License Pro-rated Fee:	33.55 Aug-Dec 2015
Number of Employees			Business License Application/Update Fee:	25.00
Health Fee			Liquor License Annual Fee:	1800.00
Number of Rental Units			Liquor License Pro-rated Fee:	
Number of Coin Operated Machines			Liquor License Application Fee:	1000.00
Number of Slot Machines			Liquor License Investigation Fee:	500.00
TOTAL FEES DUE: 1558.55			Gaming License Quarterly Fee:	
Payment Type	CH# 39549		Gaming License Application Fee:	
Received By	SW	Date	8-13-2015	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #		Health Pre-Inspection Fee:

\$245.45 overpayment