



Carson City Planning Division

108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2180 – Hearing Impaired: 711
planning@carson.org
www.carson.org/planning

MEMORANDUM

Liquor License

TO: The Hearings Officer

FROM: Lena Reseck
Senior Permit Technician

DATE: July 17, 2017

SUBJECT: Liquor License: Great Basin Beverage LLC – 534 Pacific Avenue, Wells NV

Recommendation: To approve a liquor license for Great Basin Beverage LLC at 534 Pacific Avenue, Wells, NV with Alan Blach as the liquor manager.

Per Carson City Municipal Code 4.13, all liquor license requests are to be reviewed by the Hearings Officer. The Hearings Officer may grant or deny the application for a liquor license or place conditions on a license to ensure compliance with the Municipal Code.

The subject request is to allow Great Basin Beverage LLC to have a wholesale liquor license, with Mr. Alan Blach as the liquor manager. The applicant has provided a current copy of their City of Elko Liquor License showing Mr. Blach as the licensee.

**CARSON CITY LICENSE APPLICATION**

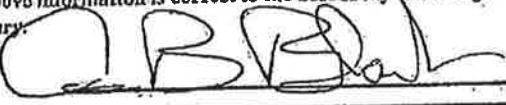
Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

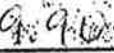
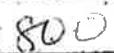
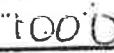
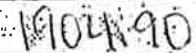
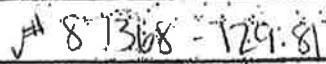
Business License #: 17-21862

LL-18-21845

Submittal Date:

<input 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	
2 Type of License(s)		<input checked="" type="checkbox"/> Business		<input type="checkbox"/> Short-Term		<input type="checkbox"/> Gaming		<input checked="" type="checkbox"/> Liquor	
3 Type of Entity		<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited Liability Company	
Entity Name		Great Basin Beverage, LLC							
Business Name (DBA)									
Business Address		534 Pacific Avenue		City		State	Zip Code		
Mailing Address		Box 789		City		State	Zip Code		
Corporate Phone		(775) 752-3326		Business Phone		Cellular Phone		Business Fax	
E-mail Address		Alanb95830@aol.com							
12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required									
Last, First, MI		Blach, Alan		Percent Owned		Title			
Residence Address (Street)		534 Pacific Ave.		City, State, Zip		Residence Telephone			
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			
Liquor Manager (if applicable)		<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site				Contact Phone Number			
Residence Address (Street)				City, State, Zip					
13 Describe in detail the activity of your business Wholesaler									
14 Type of Liquor License Applying for (if applicable)									
<input type="checkbox"/> Tavern/Bar		<input type="checkbox"/> Dining Room w/Beer and Wine Only		<input checked="" type="checkbox"/> Packaged Liquor		<input type="checkbox"/> Dining Room w/Hard Liquor		<input type="checkbox"/> Combo (Off-Premise & Pkg)	
<input type="checkbox"/> Catering		<input type="checkbox"/> Additional Wet Bars _____				Will there be an Interim Management Agreement? <input checked="" type="checkbox"/>			
16 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:									

<p>Miscellaneous Information</p> <p>Please answer this section if your business is located in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180</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>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 </p> <p>Date </p>	

Fee Structure	Fee	LICENSE TOTAL FEES
License Fee		Business License Annual Fee: 
Footage		Business License Pre-rated Fee:
of Employees		Business License Application/Update Fee: 
Per Person		Liquor License Annual Fee: 
Rental Units		Liquor License Pre-rated Fee:
Coin-Operated Machines		Liquor License Application Fee: 
Slot Machines		Liquor License Investigation Fee:
FEES DUE:		Gaming License Quarterly Fee:
Ref #		Gaming License Application Fee:
If Fingerprinted	Date	Fictitious Name Fee:
		Health Pre-Inspection Fee: