



## 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

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### MEMORANDUM

Liquor License

**TO:** The Hearings Officer

**FROM:** Lena Reseck  
Senior Permit Technician


**DATE:** July 17, 2017

**SUBJECT:** Liquor License: A&J Distributors – 2326 Primo Way, Sparks, NV

**Recommendation:** To approve a liquor license for A&J Distributors LLC at 2326 Primio Way with Andy Humphriss 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 A&J Distributors LLC to have a wholesale liquor license, with Mr. Andy Humphriss as the liquor manager. The applicant is seeking a wholesale liquor distributor license. The applicant has provided a current copy of their City of Sparks Liquor License showing Mr. Humphriss as the licensee.

		<b>CARSON CITY LICENSE APPLICATION</b>		Business License #:	
		Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature		17-32325 / 17-32115	
Submittal Date:					
1	<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
2	Type of License(s)		<input type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company
4	Entity Name			5	Business Opening Date
6	Business Name (DBA)			7	EIN #
8	Business Address			11/3/2015 47-4361826	
9	Mailing Address			NV 89434	
10	Corporate Phone			NV 89434	
11	E-mail Address			Business Website	
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
Last, First, MI		Percent Owned	Title		
Humphries Amy D		50%	MANAGING MEMBER		
Residence Address (Street)		City, State, Zip		Residence Telephone	
2326 Primio Way		SPARKS NV 89434		775-331-1434	
Last, First, MI		Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone	
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		
Residence Address (Street)			Contact Phone Number		
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				
Wholesale Liquor Distribution					
Type of Liquor License Applying for (If applicable)					
14	<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)
15	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement? NO		
16	List number of slot machines (If applicable)		List number of table games (If applicable)		
<input type="checkbox"/> 1 cent <input type="checkbox"/> 5 cent <input type="checkbox"/> 25 cent <input type="checkbox"/> 1.00		<input type="checkbox"/> Multi <input type="checkbox"/> Poker <input type="checkbox"/> Mega Buck	<input type="checkbox"/> Craps <input type="checkbox"/> Roulette <input type="checkbox"/> Twenty-One <input type="checkbox"/> Keno		
<input type="checkbox"/> Baccarat <input type="checkbox"/> Race Book <input type="checkbox"/> Sports Book <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				
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 in compliance 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 not in compliance 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	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"> <li>• If any changes are made after completing said license application this office must be notified immediately and an updated is required.</li> <li>• 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.</li> <li>• 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.</li> <li>• Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation.</li> </ul> <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><i>Amely Hernandez</i></u> Date <u>4-20-2017</u></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee		Business License Annual Fee: <u>79.90</u>
Square Footage		Business License Pro-rated Fee: <u>46.34</u> <i>April - Dec</i>
Number of Employees		Business License Application/Update Fee: <u>25</u>
Health Fee		Liquor License Annual Fee: <u>800</u> <i>July '17 - June '18</i>
Number of Rental Units		Liquor License Pro-rated Fee: <u>64</u> <i>June '17</i>
Number of Coin Operated Machines		Liquor License Application Fee: <u>1000</u>
Number of Slot Machines		Liquor License Investigation Fee:
TOTAL FEES DUE: <u>1935.34</u>		Gaming License Quarterly Fee:
Payment Type <u>CHECK 1319</u>		Gaming License Application Fee:
Received By <u><i>AP</i></u>	Date <u>6/13/17</u>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: