



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: 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.

**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 #:

17-37325 / 17-32115

Submittal Date:

1 <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 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 checked="" type="checkbox"/> Limited Liability Company	
4 Entity Name <i>AT&T DISTRIBUTORS</i>			5 Business Opening Date <i>11/31/2015</i>		

6 Business Name (DBA) <i>AT&T DISTRIBUTORS</i>			7 EIN # <i>47-4361826</i>					
8 Business Address <i>2326 Primio Way</i>	9 Mailing Address <i>2226 Primio Way</i>	City <i>SPARKS</i>	State <i>NV</i>	Zip Code <i>89434</i>	10 Corporate Phone <i>775-843-2361</i>	Business Phone <i>775-843-2361</i>	Cellular Phone <i>775-843-2361</i>	Business Fax
11 E-mail Address <i>AT DISTRIBUTORS@HOTMAIL.COM</i>			Business Website					
12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required								

Last, First, MI <i>Humphries Andy D</i>	Percent Owned <i>50%</i>	Title <i>MANAGING MEMBER</i>		
Residence Address (Street) <i>2326 Primio Way</i>		City, State, Zip <i>SPARKS NV 89434</i>	Residence Telephone <i>775-331-1434</i>	
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		
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

Wholesale Liquor Distribution

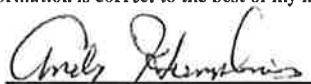
Type of Liquor License Applying for (If applicable)

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)	<input checked="" type="checkbox"/> General Wholesale
15 <input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement? <i>NO</i>		
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

18 Check One	<input checked="" type="checkbox"/> I am not subject to a court order for the support of a child	
	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	
	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</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 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	

<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 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>	Date <u>4-20-2017</u>

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>416.34</u> <small>April - Dec</small>	
Number of Employees		Business License Application/Update Fee: <u>25</u>	
Health Fee		Liquor License Annual Fee: <u>800</u> <small>July '17 - June '18</small>	
Number of Rental Units		Liquor License Pro-rated Fee: <u>64</u> <small>June '17</small>	
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>CHEK 1319</u>	Gaming License Application Fee:	
Received By	Date <u>6/13/17</u>	Fictitious Name Fee:	
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: