



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 31, 2017

SUBJECT: Liquor License: CCAS Trans LLC – 4949 Hwy 50 E A-4

Recommendation: To approve a liquor license for CCAS Trans LLC at 4949 Hwy 50 E A-4 with Francis Mahoney 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 CCAS Trans LLC to have a wholesale liquor license, with Mr. Francis Mahoney as the liquor manager. The applicant has provided a letter authorizing Lucinda Mahoney to represent him at the Liquor Hearing.

The Sheriff's office conducted a background check and did not find any disqualifying information based on CCMC 4.13.125.

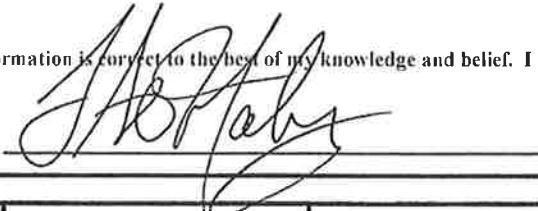


Please type or print in black ink: Incomplete or illegible applications will not be accepted. Applications must bear an original signature

11-32344 / 18-32121
Submittal Date: 6/22/2017

1	X New Business	Change of Location/Mailing	Change of Name	Change of Corporate Officer	Other
2	Type of License(s)	✓ Business	Short-Term	Gaming	✓ Liquor
3	Type of Entity	Sole Proprietor	Corporation	Partnership	✓ Limited Liability Company
4	Entity Name CCAS Trans LLC			5	Business Opening Date 03-20-2017
6	Business Name (DBA)			7	EIN # 81-4147630
8	Business Address 4949 Hwy50E A		City Carson City	State Nevada	Zip Code 89701
9	Mailing Address 4949 Hwy50E A-4		City Carson City	State Nevada	Zip Code 89701
10	Corporate Phone 907-223-5096	Business Phone 907-223-5096	Cellular Phone 907-223-5096	Business Fax 907-223-5096	
11	E-mail Address fsmahoney1@gmail.com		Business Website		
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
Last, First, MI Mahoney, Francis S		Percent Owned 100%	Title Member		
Residence Address (Street) 4063 Lepire Dr.			City, State, Zip Carson City, Nevada, 89701		Residence Telephone 907-223-5096
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 Mahoney, Francis S			X On-Site Off-Site	Contact Phone Number 907-223-5096	
Residence Address (Street) 4063 Lepire Dr			City, State, Zip Carson City, Nevada, 89701		
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 Beer and wine importer and distributor.				
Type of Liquor License Applying for (If applicable)					
14	Tavern/Bar	Dining Room w/Beer and Wine Only	Packaged Liquor	Dining Room w/Hard Liquor	Combo (On-Premise & Pkg) X General Wholesale
15	Catering	Additional Wet Bars		Will there be an Interim Management Agreement?	
16	List number of slot machines (If applicable)			List number of table games (If applicable)	
1 cent _____ 5 cent _____ 25 cent _____ 1.00 _____			Craps _____ Roulette _____ Twenty-One _____ Keno _____ Baccarat _____ Race Book _____ Sports Book _____ 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	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					

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 Yes	Has a Special Use Permit been obtained for this business location No
	Will you be installing any outdoor signs No	Are there any existing signs of the property No
	Will there be any outside storage (If yes, please explain items being stored and how being screened) No.	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) Yes. Small GMC Safari Van	
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business None.		

Rules and Regulations	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	
	<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>3-20-17</u></p>		

FEE STRUCTURE	FEE	LICENSE TOTAL FEES	
Business License Fee	<u>63.85</u>	Business License Annual Fee: <u>83.00</u>	
Square Footage	<u>13.00</u>	Business License Pro-rated Fee: <u>48.14</u>	
Number of Employees	<u>6.15</u>	Business License Application/Update Fee: <u>25</u>	
Health Fee		Liquor License Annual Fee: <u>800.00</u>	
Number of Rental Units		Liquor License Pro-rated Fee:	
Number of Coin Operated Machines		Liquor License Application Fee: <u>1000</u>	
Number of Slot Machines		Liquor License Investigation Fee: <u>500</u>	
TOTAL FEES DUE:	<u>1573.14</u>	Gaming License Quarterly Fee:	
Payment Type	<u># 108</u>	Gaming License Application Fee:	
Received By <u>Resek</u>	Date <u>6/22/17</u>	Fictitious Name Fee:	
Date Applicant Fingerprinted	By _____	File # _____	Health Pre-Inspection Fee:

Background Investigation
6/26/17 @ 9am