



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 Meeting 03/07/2018

TO: The Hearings Officer

FROM: Mariah Ziegenbein
Business License Specialist

DATE: February 26, 2018

SUBJECT: Liquor License: Raley's #114 (Liquor License #18-3993) 3701 S Carson St.

Recommendation: To approve a change of liquor manager of a packaged liquor license for Raley's #114. Ryan Scott is removing himself as the liquor manager and Deborah Conde will be taking over as 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, Raley's #114 located at 3701 S Carson St. to replace Ryan Scott with Deborah Conde as the liquor manager.

This request has been reviewed by both the Health Department and the Sheriff's Office. The Health Department does not need to re-inspect the location in the case of a change of liquor manager.

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

**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 #:

17-00003993

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)	Business	Short-Term	Gaming	<input checked="" type="checkbox"/> Liquor
3 Type of Entity	Sole Proprietor	Corporation	Partnership	<input type="checkbox"/> Limited Liability Company

Entity Name

Rateys Family of Fine Stores

Business Opening Date

5

Business Name (DBA)

Rateys

EIN #

7

Business Address

3701 S. Carson Street

Carson City

NV

Zip Code 89701

Mailing Address

3701 S. Carson Street

City

State

Zip Code

Corporate Phone

916 373 3333

Business Phone

Cellular Phone

Business Fax

E-mail Address

Dconde@rateys.com

Business Website

Rateys.com

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI MICHAEL TEAL	Percent Owned 100%	Title OWNER
Residence Address (Street) Sacramento, Ca	City, State, Zip Sacramento Ca	Residence Telephone UNKNOWN
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

change of liquor manager

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 (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> 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)			
<input type="checkbox"/> 1 cent	<input type="checkbox"/> Multi	<input type="checkbox"/> Craps	<input type="checkbox"/> Baccarat	<input type="checkbox"/> Race Book	<input type="checkbox"/> Sports Book
<input type="checkbox"/> 5 cent	<input type="checkbox"/> Poker	<input type="checkbox"/> Roulette	<input type="checkbox"/> Twenty-One	<input type="checkbox"/> Keno	<input type="checkbox"/> Poker
<input type="checkbox"/> 25 cent	<input type="checkbox"/> Mega Buck				
<input type="checkbox"/> 1.00					

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:

Application For Change of Liquor Manager to
existing Liquor License

* Whole page

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 <i>yes</i>	Has a Special Use Permit been obtained for this business location <i>existing</i>
	Will you be installing any outdoor signs <i>existing</i>	Are there any existing signs of the property <i>existing</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>N/A</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>N/A</i>	
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>cleaning chemicals stored</i>		

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-TRANSFERABLE 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. 	
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.		
Applicant's Signature	<i>DM Conde</i>	* Date <i>1/26/18</i>

FEES STRUCTURE	FEES	LICENSE TOTAL FEES	
Business License Fee		Business License Annual Fee:	
Square Footage		Business License Pro-rated Fee:	
Number of Employees		Business License Application/Update Fee:	
Health Fee		Liquor License Annual Fee:	
Number of Rental Units		Liquor License Pro-rated Fee:	
Number of Coin Operated Machines		Liquor License Application Fee:	
Number of Slot Machines		Liquor License Investigation Fee: <i>500.00</i>	
TOTAL FEES DUE:	500.00	Gaming License Quarterly Fee:	
Payment Type	<i>CK# 10091202</i>	Gaming License Application Fee:	
Received By	<i>MZ</i>	Fictitious Name Fee:	
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: