



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 05/30/2018

TO: The Hearings Officer

FROM: Mariah Ziegenbein
Business License Specialist

DATE: May 10, 2018

SUBJECT: Liquor License: Gather (Liquor License #18-32421) 402 N Carson St

Recommendation: To approve a Combination Packaged and “On-Premise” liquor license for Punky Monkies, LLC doing business as Gather at 402 N Carson St. with Angela Bullentini Wolf as the liquor manager subject to the following conditions of approval:

1. The applicant must sign a sworn affidavit consistent with CCMC 4.13.060 regarding a server training course.
2. Served alcohol must come from approved sources
3. No changes to the bar set up may be made without approval from the health authority

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 Hearings Officer considers the recommendation of the Sheriff's office and the Health Department in making his decision.

The subject request is to allow Punky Monkies, LLC doing business as Gather to have a Combination Packaged and “on-premise” liquor license, with Angela Bullentini Wolf as the liquor manager. The applicant is opening a full service restaurant. The business is located at 402 N Carson St.

This request has been reviewed by both the Health Department and the Sheriff's Office. The Health Department inspected the premises and is recommending approval based on the conditions above being met.

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 #: *BLU* *LLC*
18-32699 *18-32421*
 Submittal Date: *1/9/2018*

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	<input type="checkbox"/> Other		
2	Type of License(s)	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input 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	<input type="checkbox"/> Non-Profit	
4	Entity Name <i>Pinky Monkeys, LLC</i>			5	Business Opening Date <i>Spring 2018 April</i>		
6	Business Name (DBA) <i>Gather</i>			7	EIN # <i>82-1188098</i>		
8	Business Address <i>402 N. CARSON ST.</i>	City <i>CARSON CITY</i>	State <i>NV</i>	Zip Code <i>89701</i>			
9	Mailing Address <i>2557 fern meadow circle</i>	City <i>CARSON CITY</i>	State <i>NV</i>	Zip Code <i>89703</i>			
10	Corporate Phone <i>None</i>	Business Phone <i>(775) 220-8919</i>	Cellular Phone <i>(775) 220-8919</i>	Business Fax <i>None</i>			
11	E-mail Address <i>ANGELA@GATHER.CC.COM</i>		Business Website <i>GATHERCC.COM</i>				
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required						
	Last, First, MI <i>BULLENTINI WOLF, ANGELA D.</i>	Percent Owned <i>100%</i>	Title <i>OWNER/MANAGER</i>				
	Residence Address (Street) <i>2557 fern meadow circle</i>	City, State, Zip <i>CARSON CITY, NV 89703</i>			Residence Telephone <i>(775) 220-8919</i>		
	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) <i>ANGELA BULLENTINI WOLF</i>	<input checked="" type="checkbox"/> On-Site	Contact Phone Number <i>(775) 220-8919</i>				
	Residence Address (Street) <i>2557 fern meadow circle</i>	City, State, Zip <i>CARSON CITY, NV 89703</i>					
13	Describe in detail the activity of your business <i>RESTAURANT & BAR, FARMER'S MARKETPLACE</i>						
Type of Liquor License Applying for (If applicable)							
14	<input type="checkbox"/> Tavern/Bar	<input checked="" 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 type="checkbox"/> General Wholesale	
	<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: <i>N/A</i>						

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>Y/N</i>	Has a Special Use Permit been obtained for this business location <i>No</i>
	Will you be installing any outdoor signs <i>Y/N</i>	Are there any existing signs of the property <i>No</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>No</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>No</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>N/A</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 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. 	
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	 Date <i>1/9/2018</i>	

FEE STRUCTURE		FEE	LICENSE TOTAL FEES
Business License Fee		<i>63.85</i>	Business License Annual Fee: <i>258.00</i>
Square Footage		<i>32.25</i>	Business License Pro-rated Fee: <i>193.50</i>
Number of Employees <i>10</i>		<i>36.90</i>	Business License Application/Update Fee: <i>25.00</i>
Health Fee		<i>125.00</i>	Liquor License Annual Fee: <i>100.00</i>
Number of Rental Units			Liquor License Pro-rated Fee:
Number of Coin Operated Machines			Liquor License Application Fee: <i>500.00</i>
Number of Slot Machines			Liquor License Investigation Fee: <i>500.00</i>
TOTAL FEES DUE: <i>1263.50</i>			Gaming License Quarterly Fee:
Payment Type <i>MC 31011C</i>			Gaming License Application Fee:
Received By <i>MZ</i>	Date <i>1/10/18</i>		Fictitious Name Fee: <i>20.00</i>
Date Applicant Fingerprinted <i>1/11/18 3 pm</i>	By	File #	Health Pre-Inspection Fee: <i>25.00</i>