



# Carson City Planning Division

108 E. Proctor Street  
Carson City, Nevada 89701  
(775) 887-2180 – Hearing Impaired: 711  
[planning@carson.org](mailto:planning@carson.org)  
[www.carson.org/planning](http://www.carson.org/planning)

## MEMORANDUM

Liquor License Meeting 01/09/2019

**TO:** The Hearings Officer

**FROM:** Mariah Davis  
Business License Specialist

**DATE:** December 27, 2018

**SUBJECT:** Liquor License: Hampton Inn & Suites Carson City (Liquor License #19-33166) 10 Hospitality Way

**Recommendation:** To approve a packaged license for 10 Hospitality LLC doing business as Hampton Inn & Suites Carson City at 10 Hospitality Way with Mark Winckler 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.

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 10 Hospitality LLC doing business as Hampton Inn & Suites Carson City to have a Packaged Liquor License, with Mark Winckler as the liquor manager. The Hampton Inn & Suites operates as a limited service hotel and will now be offering packaged liquor at the check-in counter. The business is located at 10 Hospitality Way.

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.

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 #: LL: 19 - 33164

18-00031500

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	
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			Business Opening Date		
	HAMPTON INN AND SUITES CARSON CITY			5	9-13-2005	
6	Business Name (DBA)			6	EIN #	
	10 HOSPITALITY LLC			7		
8	Business Address		City	State	Zip Code	
	10 HOSPITALITY WAY		CARSON CITY	NEVADA	89706	
9	Mailing Address		City	State	Zip Code	
	10 HOSPITALITY WAY		CARSON CITY	NEVADA	89706	
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax		
	1-775-885-8800	1-775-885-8800	1-775-315-9558	1-775-885-8801		
11	E-mail Address		Business Website			
	MARK.WINCKLER@HILTON.COM		WWW.CARSONCITYSUITES.HAMPTONINN.COM			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI	Percent Owned		Title		
	WINCKLER MARK E	0		CHIEF ENGINEER		
	Residence Address (Street)	City, State, Zip		Residence Telephone		
	201 W. CAROLINE ST #471	CARSON CITY NV 89703		775-315-9558		
	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 checked="" type="checkbox"/> On-Site	Contact Phone Number			
	WINCKLER MARK E	<input type="checkbox"/> Off-Site	1-775-885-8800			
	Residence Address (Street)	City, State, Zip		Residence Telephone		
	201 W. CAROLINE ST #471	CARSON CITY NV 89703				

13 Describe in detail the activity of your business

WE ARE A LIMITED SERVICE HOTEL

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	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?		
15	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:

<b>Miscellaneous Information</b>	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
	Will you be installing any outdoor signs <i>NO</i>	Are there any existing signs of the property <i>YES</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>PAINT, CLEANING SOLVENTS STORED IN METAL FIRE PROOF BOX IN 1ST FLOOR SHOP</i>		

<b>Rules and Regulations</b>	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"> <li>• If any changes are made after completing said license application this office must be notified immediately and an update 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>	
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 <u>11-28-18</u>

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: <u>\$100</u>	
Number of Rental Units		Liquor License Pro-rated Fee:	
Number of Coin Operated Machines		Liquor License Application Fee: <u>500</u>	
Number of Slot Machines		Liquor License Investigation Fee: <u>500</u>	
<b>TOTAL FEES DUE</b> <u>\$1000</u>		Gaming License Quarterly Fee:	
Payment Type <u>CK # 2209</u>		Gaming License Application Fee:	
Received By <u>MD</u>	Date <u>12-4-18</u>	Fictitious Name Fee:	
Date Applicant Fingerprinted	By _____	File # _____	Health Pre-Inspection Fee: