



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 6/26/2019

TO: The Hearings Officer

FROM: Mariah Davis
Business License Specialist

DATE: June 13, 2019

SUBJECT: Liquor License: Jacksons Food Stores, Inc dba Extra Mile #169 (Liquor License #19-33446) 1102 N Carson St

Recommendation: To approve an application for a packaged liquor license with Cory Jackson as the liquor manager for Jacksons Food Stores, Inc dba Extra Mile #169 at 1102 N Carson St, 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. Structure must be built to the specifications that have been provided for health department review.

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 Jacksons Food Stores, Inc dba Extra Mile #169 to have a Packaged Liquor License with Cory Jackson as the liquor manager. The applicant is opening a convenience store with fuel. The business is located at 1102 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 above condition being met.

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

Emailed 4/2/19
Lena Reseck

		CARSON CITY LICENSE APPLICATION			Business License #: 4-5-19	
		Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature				
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 checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit
4	Entity Name Jacksons Food Stores, Inc			Business Opening Date 8-1-19		
5				EIN # 82-0364157		
6	Business Name (DBA) Extra Mile #169			State NV	Zip Code 89701	
7	Business Address 1102 N. Carson St	City Carson City	State ID	Zip Code 83642		
8	Mailing Address 3450 E Commercial Ct	City Meridian	Business Fax 208-888-3585			
9	Corporate Phone 208-884-6658	Business Phone	Cellular Phone			
10	E-mail Address cindy.burnett@jacksons.com	Business Website WWW.jacksons.com				
11	Owner(s), Manager(s), or other Principals) attach additional pages if required					
12	Last, First, MI see attachment	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	
	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 Convenience store w/ Fuel					
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 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?		
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:					

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	
	Will you be installing any outdoor signs	
	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	

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

FEES STRUCTURE	FEES	LICENSE TOTAL FEES	
Business License Fee	63.85	Business License Annual Fee: 220.30	
Square Footage	32.25	Business License Pro-rated Fee: 92.53	
Number of Employees 8	99.20	Business License Application/Update Fee: 25.00	
Health Fee 8	75.00	Liquor License Annual Fee: 800.00	
Number of Rental Units		Liquor License Pro-rated Fee:	
Number of Coin Operated Machines		Liquor License Application Fee: 1,000.00	
Number of Slot Machines		Liquor License Investigation Fee: 500.00	
TOTAL FEES DUE: BL 162.53 LL 1500.00		Gaming License Quarterly Fee:	
Payment Type VISA 94067	1662.53	Gaming License Application Fee:	
Received By MD	Date 5-7-19	Fictitious Name Fee: 20.00	
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: 25.00