



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: Go Fresh, LLC dba Grocery Outlet of Carson City (Liquor License #19-33460) 1831 N Carson St

Recommendation: To approve an application for a packaged and on premise liquor license with Thomas Basham as the liquor manager for Go Fresh, LLC dba Grocery Outlet of Carson City at 1831 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.

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 Go Fresh, LLC dba Grocery Outlet of Carson City to have a Packaged and On Premise Liquor License with Thomas Basham as the liquor manager. The applicant is purchasing the existing business. The business is located at 1831 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.

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 #:

BL: 19-33458 LL: 19-33460

Submittal Date:

May 1

1 <input checked="" type="checkbox"/> New Business	2 <input type="checkbox"/> Change of Location/Mailing	3 <input type="checkbox"/> Change of Name	4 <input type="checkbox"/> Change of Corporate Officer	5 <input type="checkbox"/> Other
2 Type of License(s)	3 <input checked="" type="checkbox"/> Business	4 <input type="checkbox"/> Short-Term	5 <input type="checkbox"/> Gaming	6 <input checked="" type="checkbox"/> Liquor
3 Type of Entity	4 <input type="checkbox"/> Sole Proprietor	5 <input type="checkbox"/> Corporation	6 <input type="checkbox"/> Partnership	7 <input checked="" type="checkbox"/> Limited Liability Company
Entity Name	Go Fresh, LLC		Business Opening Date	6/27/19
Business Name (DBA)	Grocery Outlet of Carson City		EIN #	7 84-1758215
Business Address	8 1831 N Carson St	City Carson City	State NV	Zip Code 89701
Mailing Address	9	City	State	Zip Code
Corporate Phone	10 Business Phone (775) 882-6199	11 Cellular Phone (530) 364-7433	12 Business Fax	
E-mail Address	11 kbasham.tbasham@gobmio.com		Business Website	
12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
13 Last, First, MI Basham, Thomas, T	Percent Owned 50%	Title Owner		
Residence Address (Street)	City, State, Zip		Residence Telephone (530) 864-7433	
14 Last, First, MI Basham, Kaley, B	Percent Owned 50%	Title Owner		
Residence Address (Street)	City, State, Zip		Residence Telephone (530) 391-7981	
Residence Address (Street)	Percent Owned	Title		
15 Liquor Manager (if applicable)	16 On-Site	Contact Phone Number		
Residence Address (Street)	17 Off-Site			

13 Describe in detail the activity of your business

Grocery store with package liquor and on-premise

14 Type of Liquor License Applying for (If applicable)

Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Caged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input checked="" type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
Catering	<input type="checkbox"/> Additional Wet Bars		Will there be an Interim Management Agreement?		

15 List number of slot machines (If applicable)

1 cent
 5 cent
 25 cent
 1.00

Multi _____
 Poker _____
 Mega Buck _____

16 List number of table games (If applicable)

Craps _____ Baccarat _____
 Roulette _____ Race Book _____
 Twenty-One _____ Sports Book _____
 Keno _____ 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 <i>Yes</i>	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs	Are there any existing signs on the property <i>Yes</i>
	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 <i>5-17-19</i>	

FEE STRUCTURE		FEE	LICENSE TOTAL FEES
Business License Fee		<i>63.85</i>	Business License Annual Fee: <i>468.80</i>
Square Footage		<i>194.65</i>	Business License Pro-rated Fee: <i>271.90</i>
Number of Employees <i>22</i>		<i>135.30</i>	Business License Application/Update Fee: <i>25.00</i>
Health Fee		<i>75.00</i>	Liquor License Annual Fee: <i>900.00</i>
Number of Rental Units			Liquor License Pro-rated Fee:
Number of Coin Operated Machines			Liquor License Application Fee: <i>1000.00</i>
Number of Slot Machines			Liquor License Investigation Fee: <i>500.00</i>
TOTAL FEES DUE: <i>341.90</i> <i>LL:1500.00</i>		<i>\$1,841.90</i>	Gaming License Quarterly Fee:
Payment Type <i>VISA 2199 B</i>			Gaming License Application Fee:
Received By <i>MD</i>	Date	<i>5-17-19</i>	Fictitious Name Fee: <i>20.00</i>
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: <i>25.00</i>