



# 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 08/16/2019

**TO:** The Hearings Officer

**FROM:** Brittnee Somers  
Business License Specialist

**DATE:** July 24, 2019

**SUBJECT:** Liquor License: Apple Nevada LLC, dba Applebee's Neighborhood Grill & Bar at 330 S. Carson St. (Liquor License #19-26154)

**Recommendation:** To approve a change of liquor manager of a Dining Room with Hard Liquor for Apple Nevada LLC dba Applebee's Neighborhood Grill & Bar at 330 S. Carson St. Michael Herbert is the current liquor manager, who is retiring and Aaron L. Kirkman will be taking over as 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 subject request is to allow Apple Nevada LLC, dba Applebee's Neighborhood Grill & Bar to replace Michael Herbert with Aaron L. Kirkman 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 #:

19-00026154

Submittal Date: 6-3-2019

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input checked="" 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	<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 Apple Nevada LLC			5	Business Opening Date	
6	Business Name (DBA) Applebee's Neighborhood Grill & Bar			7	EIN # 91-2115263	
8	Business Address 3300 S. Carson St		City Carson City	State NV	Zip Code 89701	
9	Mailing Address PO Box 507		City West Linn	State OR	Zip Code 97068-0507	
10	Corporate Phone (503) 722-2825	Business Phone (775) 882-0222	Cellular Phone	Business Fax (216) 328-1580		
11	E-mail Address cmills@flynnrg.com		Business Website			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI Apple American Group LLC	Percent Owned 100%	Title			
	Residence Address (Street) 6200 Oak Tree Blvd, Suite #250	City, State, Zip Independence, OH 44131	Residence Telephone (216) 525-2775			
	Last, First, MI Kirkman, Aaron L.	Percent Owned 0%	Title VP of Operations			
	Residence Address (Street) 8302 Beldina St	City, State, Zip Las Vegas, NV 89131	Residence Telephone (310) 606-0029			
	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  Full service restaurant					
	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 type="checkbox"/> Packaged Liquor	<input checked="" 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"/> 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:					
	Retirement of liquor license manager:		Michael Hebert 11387 Calle Simpson El Cajon, CA 92019			
	***Please see attached written consent from the managing member.					

<p><b>Miscellaneous Information</b></p> <p>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</p>	
Is your business location zoned for this type of business	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
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	

<p><b>Rules and Regulations</b></p> <p>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</p> <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> <p>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.</p> <p>Applicant's Signature </p> <p>Date <u>6/3/19</u></p>	
--	--

FEE STRUCTURE	FEE	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: <u>500.00</u>	
<b>TOTAL FEES DUE:</b> <u>500.00</u>		Gaming License Quarterly Fee:	
Payment Type <u>CK# 2160009402</u>		Gaming License Application Fee:	
Received By <u>MD</u>	Date <u>6-3-19</u>	Fictitious Name Fee:	
Date Applicant Fingerprinted	By _____	File # _____	Health Pre-Inspection Fee: