



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 Hearing September 23, 2020

TO: The Hearings Officer

FROM: Hope Sullivan
Planning Manager

DATE: September 15, 2020

SUBJECT: Liquor License: Bank Saloon: 418 South Carson Street
(Liquor-005509-2020)

Recommendation: To approve a Tavern / Bar with packaged liquor license for The Bank Saloon located at 418 South Carson Street, with Richard Bragiel as the Liquor Manager subject to the following conditions of approval.

1. All requirements of the Health Department as articulated on the record are to be conditions of approval.
2. 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 a Tavern / Bar liquor license for The Bank Saloon located at 418 South Carson Street, with Richard Bragiel as the liquor manager. There will be no food service. The applicant is also requesting a packaged liquor license for this site.

This request has been reviewed by both the Health Department and the Sheriff's Office. As of the writing of this report, the Health Department has inspected the premises and will provide written comments. Written comments will either be provided as late material or at the hearing.

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

Attachments:

Application
Report from the Sheriff's Office

LIQVOR-605509-2020

8-3-2020

**CARSON CITY LICENSE APPLICATION**

Incomplete or illegible applications will not be accepted.
Applications must bear an original signature

Submittal Date:

 New Business Change of Location/Mailing Change of Name Change of Corporate Officer Other

Type of Entity: Sole Proprietor Corporation Partnership Limited Liability Company Non-Profit

Required: NV State Business License Number

NV20191208957

Business Opening Date in Carson City

10/1/2020

Entity Name

Bevi Tutto LLC

Business Name (DBA)

The Bank Saloon

Business Address

418 S Carson St

City, State, Zip

Carson City, NV 89701

Mailing Address

310 N Stewart St

City, State, Zip

Carson City, NV 89701

Email Address

bevitutto@icloud.com

Mobile Phone

312-285-8221

Business Phone

775-301-6710**Owner(s), Manager(s), or other Principal(s) attach additional pages if required**

First, Middle, Last

Richard James Bragiel

Residence Address (Street)

2780 Oxbow Dr

City, State, Zip

Carson City, NV 89706

Residence Telephone

773-253-5201

First, Middle, Last

Residence Address (Street)

City, State, Zip

Residence Telephone

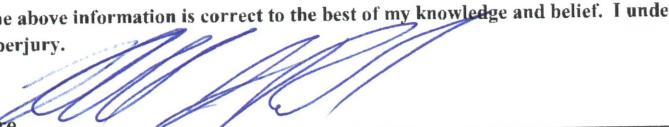
First, Middle, Last

Residence Address (Street)

City, State, Zip

Residence Telephone

Describe in detail the activity of your business:**Full Service Bar - Packaged Liquor****RECEIVED****AUG 12 2020****CARSON CITY
PLANNING DIVISION****If this application is for a change to your business, please note the information below.**

Miscellaneous Information	Miscellaneous Information				
	Commercial Location Square Footage:	2000		Number of Full-Time Equivalent Employees/Owners:	10
	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)				
	Attach a list of the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business				
	Please complete the following if applying for a Liquor or Gaming License				
	Liquor Manager - First, MI, Last Richard James Bragiel			Email Address rjb1207@me.com	
	Residence Address (Street) 2780 Oxbow Dr		City, State, Zip Carson City, NV 89706		Contact Number 312-285-8221
	<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 checked="" type="checkbox"/> Combo (On-Premise & Pkg)
	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement? n/a	
List number of slot machines (If applicable) n/a			List number of table games (If applicable) n/a		
<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 _____		
I, the undersigned understands that I cannot operate my business until my license is issued by Carson City indicating approval by all necessary city departments					
<ul style="list-style-type: none"> • If any changes are made after completing said license application the business license division must be notified immediately and an updated application 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. 					
<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>					
Date 7/31/2020					

Certificate of Business: Fictitious Firm Name

Please Print or Type

The undersigned do hereby certify that

BEV TUTTO LLC

(Name of individual, corporation, partnership, or trust)

located at 418 S CARSON ST is conducting business in Carson City,
(Street Address of Business or Residence)Nevada, under the fictitious name of THE BANK Saloon
(Fictitious Firm Name)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

By signing below, I do solemnly affirm, under penalty of perjury, that all statements made in this document are true.

1. Richard J. Bevins (mm)

Full Name and Title

2780 Oxford dr CC, NV 89706

Street Address

Signature

Date

City, State, Zip

Mailing Address, if different from above

City, State, Zip

2. Full Name and Title

Signature

Date

Street Address

City, State, Zip

Mailing Address, if different from above

City, State, Zip

3. Full Name and Title

Signature

Date

Street Address

City, State, Zip

Mailing Address, if different from above

City, State, Zip

RECEIVED AND FILED

Date

Deputy County Clerk

Please provide the following details where verification of filing should be sent:

BevTuttoCfcand.com775-301-6710

Email Address

Phone Number

310 N Steam St, CC NV 89701

Mailing Address

**STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS**
(Instructions with Definitions are located on reverse side)

THE BANK Saloon		BAR	775-301-6710	
Business Name (Include any name doing business as) 418 S CARSON ST		Type of Business CC	Business Telephone Number NL 89701	
Business Address 83-4005822		City	State Zip Code	
Federal Identification No. Richard Bracey		Social Security No. 00	Contractor's Board License No. 312-285-8221	
Name of Principal Owner (Please Print) 2780 OXBOW DR		City	Principal Owner's Telephone No. NL 89706	
Principal Owner's Address		City	State Zip Code	

Identified as: (Complete one section only)

<p>That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):</p> <p><i>10-1-2020</i> <i>TBD</i></p>	
Effective Date of Coverage	Account Number
<p>() That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.</p> <p>() That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.</p>	

Effective Date

Certificate Number

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): Individual Sole Proprietor Partnership Corporation **XLLC**

RICHARD J BRAGG

Name of Applicant (Please Print)

2780 OXBORO DR CC

312-245-8221

Applicant's Telephone No.

Applicant's Residence Address

City

State **Zip Code**

I do hereby affirm that the above information is true and correct.

DATED this 12 day of Aug, 2020.

Signature of Applicant (To be signed in the presence of the business license office employee)

Applicant's Title

Witness Signature _____ (Business License Office Employee)

Name of City or County

If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this _____ day of _____, 20____.

NOTARY PUBLIC

D-25(1) (rev. 3/01)



FOR ASSESSOR OFFICE USE ONLY

ACCOUNT NUMBER: _____

TAX DISTRICT: _____

BUSINESS TYPE: _____

BUSINESS INFORMATION FORM

To be completed if Carson City based business

(Please Print)

New Business Change of Location/Mailing Name Change Purchase Business

TYPE OF ENTITY: Sole Proprietor Corporation Partnership Limited Liability Comp. Non-profit

BUSINESS NAME (DBA): THE BANK Saloon **BUSINESS PHONE:** 775 301-6701

MAILING ADDRESS: 310 N Stewart CC NV 89701

LOCATION ADDRESS: 418 S Carson St CC NV 89701

DESCRIPTION OF BUSINESS: BAR

DATE OPENED OR ANTICIPATED OPENING: 10/1/2020

OWNER OR CONTRACT PERSON: Richard Bratton **Title:** Owner

EMAIL ADDRESS: Boutinette.Feloud.com **PHONE (if different than above):** 312 285-6221

WAS THIS A CHANGE TO AN EXISTING BUSINESS? YES NO
(If yes, please indicate previous name of business _____)

PREVIOUS LOCATION, IF APPLICABLE N/A

ARE THERE ADDITIONAL LOCATION FOR THIS BUSINESS? YES NO
(If yes, please list additional locations and attach to form)

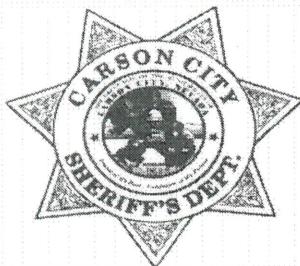
DID YOU PURCHASE THE BUSINESS? YES NO
(If yes, did the purchase include the equipment? YES NO _____)

**** In July of each year, the Carson City Assessor's Office will be sending you a Statement of Business Equipment and Assets Form that will be due on July 31st. If you have any questions regarding the assessment, please contact our office at:**

201 N. Carson St. Ste. 6
Carson City, NV 89701

775-887-2130

First and Last Name: Ruth Bratton **DATE:** 8/2/20



CARSON CITY SHERIFF'S OFFICE RESPONSIBLE PARTY INFORMATION

Kenneth Furlong
Sheriff

DATE 8/2/2020

BUSINESS NAME	THE BANK Saloon
BUSINESS ADDRESS	418 S Carson St Carson City NV 89701
BUSINESS PHONE	775-301-6710
BUSINESS MANAGER	Richard Braziel

AFTER HOURS CONTACTS

NAME: Richard Braziel	PHONE: 312-285-8221
NAME: Catherine Rolenicze	PHONE: 312-513-7381
NAME: Ayssa Braziel	PHONE: 928-702-351-5070
NAME:	PHONE:
NAME:	PHONE:

ALARM COMPANY

NAME: Armed Alarm	PHONE: 775-525-0449
ADDRESS: 316 California Ave Suite #157 Reno NV 89509	PHONE:

A handwritten signature in blue ink that appears to read "Richard Braziel".

Manager's Name

A handwritten signature in blue ink that appears to read "Kenneth Furlong".

Date