



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 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

LIQUOR-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:
<input type="checkbox"/> New Business <input checked="" type="checkbox"/> Change of Location/Mailing <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Change of Corporate Officer <input type="checkbox"/> Other			
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			
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		<div style="border: 1px solid black; padding: 10px; text-align: center;"> RECEIVED AUG 12 2020 CARSON CITY PLANNING DIVISION </div>	
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						
Liquor and Gaming License	Please complete the following if applying for a Liquor or Gaming License					
	Liquor Manager - First, MI, Last				Email Address	
	Richard James Bragiel				rjb1207@me.com	
	Residence Address (Street)			City, State, Zip		Contact Number
	2780 Oxbow Dr			Carson City, NV 89706		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"/> General Wholesale
	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement?		
	List number of slot machines (If applicable)			List number of table games (If applicable)		
n/a			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 _____
Rules and Regulations	<p align="center">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</p>					
	<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. 					
	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>7/31/2020</u>	

Certificate of Business: Fictitious Firm Name

Please Print or Type

The undersigned do hereby certify that BEVITUTTO 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 SALON
(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 Benard (mm) [Signature] 8/6/20
Full Name and Title Signature Date
2780 Oxbow dr CC, NV 89706
Street Address 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:

Bevitutto@Teland.com 775-301-6710
Email Address Phone Number

310 N STEWART, 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)

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

Identified as: (Complete one section only)

☒ 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):
10-1-2020 TBD
 Effective Date of Coverage Account Number

- () 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.
- () That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

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 (X) LLC

<u>RICHARD J BRACIE</u>	<u>312-285-8221</u>
Name of Applicant (Please Print)	Applicant's Telephone No.
<u>2780 Oxbow DR</u>	<u>NV 89706</u>
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, 20 20.

<u>[Signature]</u>	<u>OWNER</u>
Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
<u>[Signature]</u>	<u>CARSON CITY, NV</u>
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 FORMTo be completed if Carson City based business

(Please Print)

☒ New Business ☐ Change of Location/Mailing ☐ Name Change ☐ Purchase BusinessTYPE OF ENTITY: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☒ Limited Liability Comp. ☐ Non-profitBUSINESS NAME (DBA): THE BANK SALON BUSINESS PHONE: 301-6700MAILING ADDRESS: 310 N STEWART CC NV 89701LOCATION ADDRESS: 418 S CARSON ST CC NV 89701DESCRIPTION OF BUSINESS: BARDATE OPENED OR ANTICIPATED OPENING: 10/1/2020OWNER OR CONTRACT PERSON: RICHARD BRAGIER Title: ownerEMAIL ADDRESS: BrigitteTelord.com PHONE (if different than above): 312-245-8221WAS THIS A CHANGE TO AN EXISTING BUSINESS? YES _____ NO X
(If yes, please indicate previous name of business _____)PREVIOUS LOCATION, IF APPLICABLE N/AARE THERE ADDITIONAL LOCATION FOR THIS BUSINESS? YES _____ NO X
(If yes, please list additional locations and attach to form)DID YOU PURCHASE THE BUSINESS? YES _____ NO X
(If yes, did the purchase include the equipment? YES _____ NO _____)

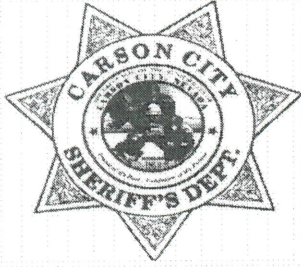
**** In July of each year, the Carson City Assessor's Office will be sending you a Statement of Business Equipment and Assets Form that will be due on July 31st. If you have any questions regarding the assessment, please contact our office at:**

201 N. Carson St. Ste. 6

Carson City, NV 89701

775-887-2130

First and Last Name: RH BRAGIER DATE: 8/12/20



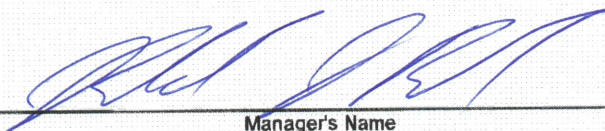
**CARSON CITY SHERIFF'S OFFICE
RESPONSIBLE PARTY INFORMATION**

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 BRAAGIEL		
AFTER HOURS CONTACTS			
NAME:	RICHARD BRAAGIEL	PHONE:	312-285-8221
NAME:	CATHERINE ROLOWICZ	PHONE:	312-513-7381
NAME:	Ayssa BRAAGIEL	PHONE:	702 351-5070
NAME:		PHONE:	
NAME:		PHONE:	
ALARM COMPANY			
NAME:	ARMED Alarm	PHONE:	775-525-0449
ADDRESS:	318 California Ave Suite 157	PHONE:	
	RENO NV 89509		



Manager's Name

8/2/20

Date