



# 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 Hearing December 16, 2020

**TO:** The Hearings Officer

**FROM:** Hope Sullivan  
Planning Manager

**DATE:** December 9, 2020

**SUBJECT:** Liquor License: Carson City Joe's: 1301 North Carson Street  
(Liquor-005776-2020)

**Recommendation:** To approve a Dining Room with Hard Liquor license for Carson City Joe's, with Joseph Hal France 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 Dining Room with Hard Liquor license for Carson City Joe's, with Joseph Hal France as the liquor manager. Mr. France is opening a full service restaurant on the site. The site was most recently occupied by Saffron Restaurant.

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 not yet provided comments. Health Department comments will be placed on the record during the hearing.

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

Attachments:

Application  
Report from the Sheriff's Office

**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

Busi

license #:

**LIQUOR-005776-2020**

Submittal Date:

**10-13-20**

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 type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor	
3	Type of Entity	<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit
4	Entity Name	<b>JOE FRANCE</b>				
5	Business Name (DBA)	<b>Carson City Joe's</b>				
6	Business Address	City	State	Business Opening Date		
7	1301 N. CARSON ST	CARSON	NV	11-15-2020		
8	Mailing Address	City	State	EIN #		
9	15 HARBOR RD	DAYTON	NV	89403		
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax		
	NONE	NONE	775-400-0720	NONE		
11	E-mail Address	Business Website				
	NONE	NONE				
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI	Percent Owned	Title			
	FRANCE Joe H	100%	OWNER			
	Residence Address (Street)	City, State, Zip	Residence Telephone			
	15 HARBOR RD	DAYTON NV 89403	400-0720			
	Last, First, MI	Percent Owned	Title			
	STRYKER Bonnie G	100%	OWNER			
	Residence Address (Street)	City, State, Zip	Residence Telephone			
	15 HARBOR RD	DAYTON NV 89403	779-0855			
	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

**RESTAURANT- Inside dining**

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?		
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:

**RECEIVED****OCT 20 2020****CARSON CITY  
PLANNING DIVISION**

## Rules and Regulations

## 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 <i>no</i>
Will you be installing any outdoor signs <i>no</i>	Are there any existing signs of the property <i>yes</i>
Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>no</i>	
Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>no</i>	
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>none</i>	

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"> <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>	
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	<i>Joe Fionce</i>
	Date <i>10-13-20</i>

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:
TOTAL FEES DUE:			Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By	Date		Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:

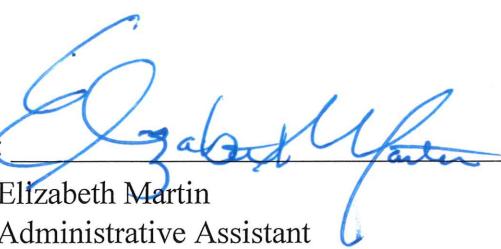


To: Liquor Board  
From: Carson City Sheriff's Office  
Re: Liquor License Application  
Carson City Joes  
Francis, Joseph Hal

The Sheriff's Office has conducted a background investigation on the above applicant for a liquor license and has found the following;

- **Background of premises:** Carson City Joes will be located at 1301 N. Carson St. and is scheduled to open November 15<sup>th</sup>. The business location was vacant and was previously occupied by Saffron. There have not been any incidents at this location since 2018 which were minimal.
- **Financial arrangements:** Mr. France and his business partner Bonnie Stryker are investing \$15,000 of personal monies to open the restaurant.
- **Method of operation:** Carson City Joes will be a full-service dine-in restaurant and Mr. France is applying for a hard liquor license. The restaurant will be open daily and employ approximately four persons. Mr. France operates another location in Virginia City and has a current liquor license in Storey County.
- **Results of background:** The background for Joseph Hal France, consisting of DMV records, law enforcement agency checks, Nevada criminal history, credit report and fingerprint responses from the FBI and State of Nevada did not find any disqualifying information based on CCMC 4.13.125.

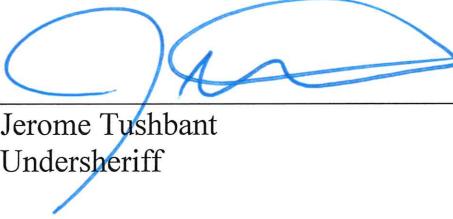
By:

  
Elizabeth Martin  
Administrative Assistant  
Investigations Division

Date December 2, 2020

Recommend Approval

Do Not Recommend Approval

  
Jerome Tushbant  
Undersheriff

Date 12/4/2020