



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 January 6, 2021

TO: The Hearings Officer

FROM: Hope Sullivan
Planning Manager

DATE: December 30, 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. Serving of alcohol must come from approved sources.
2. No changes to bar set up may be made without approval from the health authority. All handwashing sinks and dump sinks must be properly used according to the FDA Food Code and NAC 446.
3. All conditions noted within the health inspection report dated 12/24/20 must be completed before operation of the bar.
4. Adherence to FDA Food Code and NAC 446 is required in the operations.
5. 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. 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. The Health Department supplied a memo advising a recommendation of approval subject to conditions. Those conditions are included in the staff recommendation.

Attachments:

Application
Report from the Sheriff's Office
Report from the Health and Human Services Department



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 Joe FRANCE			Business Opening Date 11-15-2020		
5	Business Name (DBA) Carson City Joe's			EIN #		
6	Business Address 1301 N. CARSON ST			City CARSON	State NV	Zip Code 89701
8	Mailing Address 15 HARBOR RD			City DAYTON	State NV	Zip Code 89403
9	Corporate Phone NONE	Business Phone NONE	Cellular Phone 775-400-0720	Business Fax NONE		
10	E-mail Address NONE			Business Website NONE		
11						

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
Last, First, MI FRANCE Joe H		Percent Owned 100%	Title OWNER		
Residence Address (Street) 15 HARBOR RD		City, State, Zip DAYTON NV 89403		Residence Telephone 400-0720	
Last, First, MI STRYKER Bonnie G		Percent Owned 100%	Title OWNER		
Residence Address (Street) 15 HARBOR RD		City, State, Zip DAYTON NV 89403		Residence Telephone 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			

3 Describe in detail the activity of your business

RESTAURANT- inside dining

Type of Liquor License Applying for (If applicable)					
<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?		
6 List number of slot machines (If applicable)			List number of table games (If applicable)		
<input type="checkbox"/> 1 cent <input type="checkbox"/> 5 cent <input type="checkbox"/> 25 cent <input type="checkbox"/> 1.00 NONE			<input type="checkbox"/> Craps <input type="checkbox"/> Roulette <input type="checkbox"/> Twenty-One <input type="checkbox"/> Keno <input type="checkbox"/> Baccarat <input type="checkbox"/> Race Book <input type="checkbox"/> Sports Book <input type="checkbox"/> Poker		

7 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

Miscellaneous Information

Please answer this section if your business is *located* 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>	

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

- 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 *Joe France* Date *10-13-20*

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:



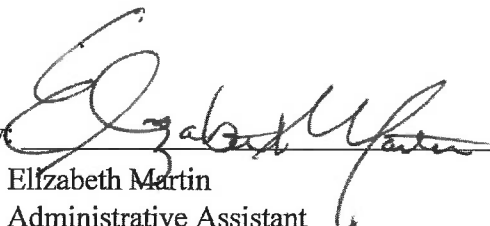
To: Liquor Board

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 15th. 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



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To: Liquor Board Hearing Officer

From: Carson City Health and Human Services (CCHHS)

Date: December 28, 2020

Re: Liquor License- Carson City Joe's

On December 24, 2020 an advisory consultation with Carson City Joe's, located at 1301 N. Carson St., was conducted.

Our approval is based on the following conditions being met:

- Serving of alcohol must come from approved sources.
- No changes to bar set up may be made without approval from health authority. All handwashing sinks and dump sinks must be properly used according to the FDA Food Code and NAC 446.
- All conditions noted within the health inspection report dated 12/24/2020 must be completed before operation of bar.
- Adherence to FDA Food Code and NAC 446 for operational purposes.

Please contact CCHHS with any questions or concerns.

Phone: (775) 283-7225

Kandis Harvey
Environmental Health Specialist

Carson City Health & Human Services

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired-Use 711

Clinical Services (775) 887-2195 Fax: (775) 887-2192	Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248	Human Services (775) 887-2110 Fax: (775) 887-2539	Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248	Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248
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Carson City Health and Human Services
Environmental Health Division
900 E. Long St.
Carson City, NV 89706
(775) 887-2190



Douglas County
Environmental Health Department
1594 Esmeralda Ave.
Minden, NV 89423
(775) 782-6207

FOOD INSPECTION REPORT

SITE NO.	INV NO.	IR NO.	DATE	INSPECTION TIME	INSPECTOR
1807	1		12/24/2020		Harvey, Kandis A

SITE INFORMATION

CARSON CITY JOE'S
1301 N CARSON ST
CARSON CITY NV 89701
775-400-0720

INVENTORY/MANAGER

RESTAURANT 0-50 SEATS

SERVICE TYPE/FREQUENCY

INFORMATIONAL CONSULTATION
CATEGORY 2

Based on an inspection made this day, the items listed below identify the violation in the operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit or down grading of the establishment. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for the correction of violations.

This report consists of a ' SUMMARY of CRITICAL VIOLATIONS' and other violations, and detailed violation descriptions. Each 'To Wit:' statement constitutes a violation of the code section described above it.

COMMENTS

<u>CODE</u>	<u>DESCRIPTION</u>
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C-1	NON VIOLATION COMMENTS; FOR OPERATOR ONLY:
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To Wit:	Joe's can open with the following issues:
	- All cold holding units must be on and working before opening with working thermometers.
	- Move consumer advisory to inside of the menu.
	- Keep all receipts for shellfish.
	- Must obtain Chlorine test strips.
	- Must finish ceiling (over time).
	- Must seal wood in bar near sinks.
	- Must have food protection manager certification within 30 days.
	- They are planning on opening next week.

I HEREBY, ACKNOWLEDGE THE ISSUANCE AND RECEIPT OF THIS OFFICIAL INSPECTION REPORT.

Kandis Harvey

Kandis A Harvey, Environmental Health Specialist

PERSON IN CHARGE SIGNATURE