



# 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: Denny's Restaurant: 2299 North Carson Street  
(Liquor-005750-2020)

**Recommendation:** To approve a Dining Room with Hard Liquor license for Denny's Restaurant, with Paul E. Schmidt 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 Denny's Restaurant, with Paul E. Schmidt as the liquor manager. The applicant proposes to serve alcohol in the dining room as well as to the guests dining on the newly constructed patio.

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 Paul E. Schmidt 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**

LIQUOR - 005750 - 2020

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #:

156-006602-2020

Submittal Date: 9/20/20

|    |   |  |   |                             |                           |
|----|---|--|---|-----------------------------|---------------------------|
| 1  | New Business  | Change of Location/Mailing               | Change of Name                          | Change of Corporate Officer | Other                     |
| 2  | Type of License(s)  | Business                                 |   | Short-Term                  | Gaming                    |
| 3  | Type of Entity  | Sole Proprietor                          | Corporation                             | Partnership                 | Limited Liability Company |
| 4  | Entity Name <b>PLS Restaurants Inc</b>  |  |   | Business Opening Date       | 12/20/2007                |
| 5  |   |  |   | EIN #                       |                           |
| 6  | Business Name (DBA) <b>Denny's Restaurant</b>                                   |  |   |                             |                           |
| 7  | Business Address <b>2299 N Carson Street</b>                                    | City <b>Carson City</b>                  | State <b>NV</b>                         | Zip Code <b>89706</b>       |                           |
| 8  | Mailing Address <b>11085 Sunrise Ridge Circle</b>                               | City <b>Auburn</b>                       | State <b>Ca.</b>                        | Zip Code <b>95603</b>       |                           |
| 9  | Corporate Phone <b>530 362 6798</b>   | Business Phone <b>715 883 6550</b>       | Cellular Phone                          | Business Fax                | <b>530 653 2036</b>       |
| 10 | E-mail Address <b>PLS3107@yahoo</b>   |  | Business Website                        | <b>Denny's.com</b>          |                           |
| 11 | Owner(s), Manager(s), or other Principal(s) attach additional pages if required |  |   |                             |                           |
| 12 | Last, First, MI <b>Schmidt Paul E.</b>  | Percent Owned <b>50</b>                  | Title <b>Director of Operations</b>     |                             |                           |
|    | Residence Address (Street) <b>11085 Sunrise Ridge Circle</b>                    | City, State, Zip <b>Auburn Ca. 95603</b> | Residence Telephone <b>530 362 6798</b> |                             |                           |
|    | Last, First, MI <b>Schmidt Linda M</b>  | Percent Owned <b>50</b>                  | Title <b>President</b>                  |                             |                           |
|    | Residence Address (Street) <b>Same as above</b>                                 | City, State, Zip                         | Residence Telephone                     |                             |                           |
|    | Last, First, MI   | Percent Owned                            | Title                                   |                             |                           |
|    | Residence Address (Street)  | City, State, Zip                         | Residence Telephone                     |                             |                           |
|    | Liquor Manager (if applicable)  | On-Site<br>Off-Site                      | Contact Phone Number                    |                             |                           |
|    | Residence Address (Street)  | City, State, Zip                         |   |                             |                           |

3 Describe in detail the activity of your business

**24 Hour Breakfast restaurant***of Paul*

## Type of Liquor License Applying for (If applicable)

|               |  |                 |  |                          |                   |
|---------------|--|-----------------|--|--------------------------|-------------------|
| Tavern/Bar    | Dining Room w/Beer and Wine Only             | Packaged Liquor | Dining Room w/Hard Liquor                      | Combo (On-Premise & Pkg) | General Wholesale |
| Catering      | 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)     |                          |                   |
| 1 cent _____  | Multi _____                                  |                 | Craps _____                                    | Baccarat _____           |                   |
| 5 cent _____  | Poker _____                                  |                 | Roulette _____                                 | Race Book _____          |                   |
| 25 cent _____ | Mega Buck _____                              |                 | Twenty-One _____                               | Sports Book _____        |                   |
| 1.00 _____    |  |                 | Keno _____                                     | Poker _____              |                   |

7 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:

**RECEIVED**

SEP 29 2020

CARSON CITY  
PLANNING DIVISION

## 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<br><i>Yes</i>  | Has a Special Use Permit been obtained for this business location<br><i>Beer/Wine in Past</i> |
| Will you be installing any outdoor signs<br><i>No</i>  | Are there any existing signs on the property<br><i>Yes</i>                                    |
| Will there be any outside storage (If yes, please explain items being stored and how being screened)<br><i>No</i>  |   |
| Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)<br><i>No</i>  |   |
| Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business<br><i>In storeroom - cleaning supplies &amp; dish soap</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

- 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

Date

## Rules and Regulations

| FEES STRUCTURE                   | FEES | 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: |



Ken Furlong  
Sheriff

911 E. Musser St.  
Carson City, NV 89701

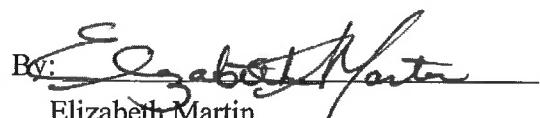
775-887-2500  
Fax: 775-887-2026

To: Liquor Board  
From: Carson City Sheriff's Office  
Re: Liquor License Application  
Denny's Restaurant  
Schmidt, Paul Edward

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:** Denny's Restaurant is located at 2299 N. Carson St. and has been owned and operated by Mr. Schmidt and his wife since 2007. There have not been any incidents directly related to this address location in the last year other than lost property.
- **Financial arrangements:** There are no new financial arrangements for this application. Mr. Schmidt indicated he has already paid off the original loan.
- **Method of operation:** Denny's Restaurant is a full-service restaurant that is open twenty-four hours a day and employs approximately thirty persons. Mr. Schmidt employs a location manager and does not work on site full time but overall manages the business. The location will have sales of hard liquor once approved and is including an outdoor patio.
- **Results of background:** The background for Paul Edward Schmidt consisting of DMV records, law enforcement agency checks, Nevada criminal history, credit report and fingerprint responses from the FBI did not find any disqualifying information based on CCMC 4.13.125.

By:

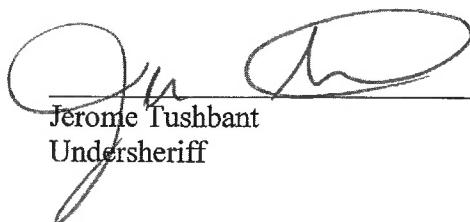


Elizabeth Martin  
Administrative Assistant  
Investigations Division

Date December 8, 2020

Recommend Approval

Do Not Recommend Approval



Jerome Tushbant  
Undersheriff

Date 12/17/2020