



108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2105
Hearing Impaired: 711

MEMORANDUM

Liquor License Hearing - Friday, September 29, 2023, 10:30am

TO: The Hearings Officer
FROM: Natalie Kiel, Business License Specialist
DATE: September 22, 2023

AGENDA ITEM 4.D: For Possible Action: Discussion and possible action regarding applications to add April Gene Bartlett as an additional liquor manager for Packaged Liquor Licenses (LIQUOR-004737-2020), (LIQUOR-004738-2020), and (LIQUOR-004739-2020) Jacksons Food Stores, Inc dba Extra Mile #128; Extra Mile #139; and Extra Mile #169; located at 1400 Rand Ave, Carson City, NV 89706; 1615 E 5th St, Carson City, NV 89701; and 1102 N Carson St, Carson City, NV 89701, respectively.

Recommendation: To approve applications to add April Gene Bartlett as an additional liquor manager on the Packaged Liquor Licenses for three store locations, Jacksons Food Stores, Inc dba Extra Mile #128; Extra Mile #139; and Extra Mile #169; located at 1400 Rand Ave, Carson City, NV 89706; 1615 E 5th St, Carson City, NV 89701; and 1102 N Carson St, Carson City, NV 89701, respectively, subject to the following conditions.

1. The applicant must sign a sworn affidavit consistent with Carson City Municipal Code (CCMC) 4.13.060 regarding a server training course.
2. The holder of the liquor license must maintain on the premises, evidence of employee server training certification for all employees that serve or sell alcohol.

Per Carson City Municipal Code (CCMC) 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. Per CCMC 4.13.125(1) the denial of a liquor license must be made based on the finding that an applicant is unsuitable for the issuance of a liquor license.

The subject request is for Jacksons Food Stores, Inc to have an additional liquor manager for all three Packaged Liquor Licenses located in Carson City.

The Sheriff's Office did a background investigation on Ms. Bartlett and did not find any disqualifying information based on CCMC 4.13.125. Cory Jackson, current liquor manager, will remain as a liquor manager on the liquor licenses as well. Ms. Bartlett will act as a local liquor manager to all three Jacksons Food Stores, Inc stores in Carson City.

It was not applicable to have the health department review the application to add an additional liquor manager.



CARSON CITY LICENSE APPLICATION

Business License #: BL-002901-2020

Liquor License #: LIQUOR-004737-2020

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

Submission Date:

<input 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
Type of License(s)		<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming
Type of Entity	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
			<input type="checkbox"/> Non-Profit	

Entity Name Jacksons Food Stores, Inc.		Business Opening Date	
Business Name (DBA) Extra Mile #128		EIN # 82-0364157	
Business Address 1400 Rand Ave.		City Carson City	State NV
		Zip Code 89706	
Mailing Address 3450 E. Commercial Ct.M		City Meridian	State ID
		Zip Code 83642	
Corporate Phone 208-884-6658	Business Phone 775-888-9799	Cellular Phone 775-870-5402	Business Fax 208-888-3585
E-mail Address JFSLicensing@jacksons.com		Business Website www.jacksons.com	

12 Owner(s), Managers, or other Principal(s) attach additional pages if required

Last, First, MI SEE ATTACHMENT FOR LIST	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Liquor Manager (if applicable) April Bartlett	<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 775-870-5402
Residence Address (Street) 1411 Jobs Peak	City, State, Zip Gardnerville, NV 89460	

13 Describe in detail the activity of your business
Convenience Store w/Fuel

Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" type="checkbox"/> Packaged Liquor	<input 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 No			
6 List number of slot machines (If applicable)		List number of table games (If applicable)			
<input type="checkbox"/> 1 cent _____ NA	<input type="checkbox"/> Multi _____	<input type="checkbox"/> Craps _____ NA	<input type="checkbox"/> Baccarat _____		
<input type="checkbox"/> 5 cent _____	<input type="checkbox"/> Poker _____	<input type="checkbox"/> Roulette _____ NA	<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 _____		

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

Only change is liquor manager

RECEIVED

JUL 21 2023

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

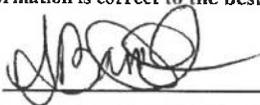
Is your business location zoned for this type of business Already in Operation	Has a Special Use Permit been obtained for this business location
Will you be installing any outdoor signs	Are there any existing signs of the property
Will there be any outside storage (If yes, please explain items being stored and how being screened)	
Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

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  Date 7/21/23

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:

Jacksons Food Stores, Inc.

3450 E. Commercial Ct.

Meridian, ID 83642

Phone 208-888-6061

Stockholders

Name and Title: JDJ GT Trust (Jason Manning, Trustee)

Address: 3450 E. Commercial Ct.

City, State, Zip: Meridian, ID 83642

Phone: 208-888-6061

Percentage: 86.62

Name and Title: Cory Jackson, Secretary

Address: 3450 E. Commercial Ct.

City, State, Zip: Meridian, ID 83642

Phone: 208-888-6061

Percentage: 5.5

Name and Title: Jeff Jackson, Shareholder

Address: 3450 E. Commercial Ct.

City, State, Zip: Meridian, ID 83642

Phone: 208-888-6061

Percentage: 5.5

Name and Title: BSM Gift/GST Exemption Trust (Jason Manning, Trustee)

Address: 3450 E. Commercial Ct.

City, State, Zip: Meridian, ID 83642

Phone: 208-888-6061

Percentage: 2.29

Name and Title: John Jackson, President

Address: 3450 E. Commercial Ct.

City, State, Zip: Meridian, ID 83642

Phone: 208-888-6061

Percentage: .09

Officers

John D. Jackson
President
3450 E. Commercial Ct.
Meridian, ID 83642

Cory Jackson
Secretary
3450 E. Commercial Ct.
Meridian, ID 83642

Jason Manning
Treasurer
3450 E. Commercial Ct.
Meridian, ID 83642



CARSON CITY LICENSE APPLICATION

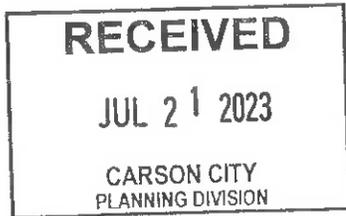
Business License #: BL-002902-2020

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

Liquor License #: LIQUOR-004738-2020

Submission Date:

1	<input 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 checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor			
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit			
4	Entity Name	Jacksons Food Stores, Inc.		5	Business Opening Date			
6	Business Name (DBA)	Extra Mile #139		7	EIN # 82-0364157			
8	Business Address	1615 E. 5th St.	City	Carson City	State	NV	Zip Code	89701
9	Mailing Address	3450 E. Commercial Ct.M	City	Meridian	State	ID	Zip Code	83642
10	Corporate Phone	208-884-6658	Business Phone	775-884-9777	Cellular Phone	775-870-5402	Business Fax	208-888-3585
11	E-mail Address	JFSLicensing@jacksons.com		Business Website	www.jacksons.com			
12	Owner(s), Manager(s), or other Principals attach additional pages if required							
	Last, First, MI	SEE ATTACHMENT FOR LIST		Percent Owned	Title			
	Residence Address (Street)	City, State, Zip				Residence Telephone		
	Last, First, MI			Percent Owned	Title			
	Residence Address (Street)	City, State, Zip				Residence Telephone		
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	Residence Address (Street)	City, State, Zip				Residence Telephone		
	Liquor Manager (if applicable)	April Bartlett		<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 775-870-5402			
	Residence Address (Street)	1411 Jobs Peak		City, State, Zip Gardnerville, NV 89460				
13	Describe in detail the activity of your business Convenience Store w/Fuel							
14	Type of Liquor License Applying for (If applicable)							
	<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" type="checkbox"/> Packaged Liquor	<input 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 _____		15 Will there be an Interim Management Agreement? No				
16	List number of slot machines (If applicable)				List number of table games (If applicable)			
	<input type="checkbox"/> 1 cent _____	NA	<input type="checkbox"/> Multi _____	<input type="checkbox"/> Craps _____	NA	<input type="checkbox"/> Baccarat _____		
	<input type="checkbox"/> 5 cent _____		<input type="checkbox"/> Poker _____	<input type="checkbox"/> Roulette _____		<input type="checkbox"/> Race Book _____		
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	<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:							
	Only change is liquor manager							



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Applicant's Signature  Date 7/21/23

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
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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 #
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Phone 208-888-6061

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Percentage: 86.62

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Percentage: .09

----- Officers -----

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Meridian, ID 83642

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CARSON CITY LICENSE APPLICATION

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Business License #: BL-002904-2020

Liquor License #: LIQUOR-004739-2020

Submittal Date:

<input 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
Type of License(s)		<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming
Type of Entity	<input checked="" type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
			<input checked="" type="checkbox"/> Non-Profit	

Entity Name Jacksons Food Stores, Inc.		Business Opening Date	
Business Name (DBA) Extra Mile #169		EIN # 82-0364157	
Business Address 1102 North Carson St	City Carson City	State NV	Zip Code 89701
Mailing Address 3450 E. Commercial Ct.M	City Meridian	State ID	Zip Code 83642
Corporate Phone 208-884-6658	Business Phone 775-885-7991	Cellular Phone 775-870-5402	Business Fax 208-888-3585
E-mail Address JFSLicensing@jacksons.com		Business Website www.jacksons.com	

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

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Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
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Residence Address (Street)	City, State, Zip	Residence Telephone
Liquor Manager (if applicable) April Bartlett	<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 775-870-5402
Residence Address (Street) 1411 Jobs Peak	City, State, Zip Gardnerville, NV 89460	

13 Describe in detail the activity of your business

Convenience Store w/Fuel

Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" type="checkbox"/> Packaged Liquor	<input 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 No			

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<input type="checkbox"/> 1 cent _____ NA <input type="checkbox"/> 5 cent _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> 1.00 _____	<input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____ <input type="checkbox"/> Craps _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Keno _____

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CARSON CITY
PLANNING DIVISION

Jacksons Food Stores, Inc.

3450 E. Commercial Ct.

Meridian, ID 83642

Phone 208-888-6061

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Carson City Business License Division

108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2105 – Hearing Impaired: 711
buslic@carson.org
www.carson.org/businesslicense

ACKNOWLEDGEMENT AND WAIVER OF NOTICE

The undersigned acknowledges having been notified of the time and place of the meeting of the Carson City Liquor and Entertainment Board where the undersigned's application will be reviewed and acted on. The undersigned hereby waives the notice requirements under NRS 241.033 requiring written notice be delivered personally to the applicant at least 5 working days before the meeting or if sent by certified mail, at least 21 working days before the meeting.

All correspondence will be sent to the email address provided on the application. If an email address is not provided, it will be sent by certified mail.

7/20/23
Date

April Bartlett
Printed Name of Liquor License Applicant


Signature of Liquor License Applicant



Carson City Business License Division
 108 E. Proctor St.
 Carson City, Nevada 89701
 (775) 887-2105

CARSON CITY LIQUOR LICENSE

APPLICANT'S AUTHORITY TO RELEASE INFORMATION

Having made application for a Carson City Liquor License, I wish Carson City to be informed as to my personal history and finances to help in determining my suitability for a liquor license.

For this specific purpose I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of Carson City, upon presentation of this waiver or a photocopy of this waiver, whether in person or by mail, fax, or other method of conveyance.

This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original, even though it does not contain an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to:

Arrests, detentions, field contacts, field interview cards, officer's records, jail/custody booking records, traffic citations, traffic accident information, district attorney's records, court records and reports, probation and parole reports and records, laboratory reports and results, any other criminal justice records, reports or information source, employment history, including: dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, attitude towards fellow employees, and reasons for leaving; education history and records and any other such information you may have concerning my criminal justice history, employment history, medical history and educational history, or any personal knowledge you may have concerning my qualifications and suitability.

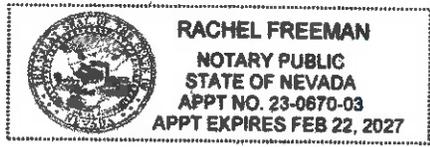
I hereby release you as the custodian of such records, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, military organization, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including all officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

Full Name (Print): April Bartlett
 Address (Print): 1411 Jobs Peak Gardnerville NV. 89460
 Telephone: (W) (775) 870-5402 (H) (775) 560-4982
 Signature: *AP Bartlett* Date: 7/21/23

State of Nevada
 County of Douglas

This instrument was acknowledged before me on July 21st by April Bartlett

Rachel Freeman
 Signature of Notarial Officer



Background Investigation

Please review this document prior to submitting your liquor license application

• Chapter 4.13 - LIQUOR BOARD AND LIQUOR LICENSING AND SALES

• 4.13.125 Issuance or Denial of License

1. The hearings officer or the board if an application is forwarded pursuant to Section 4.13.035 herein, may grant or deny the application for a liquor license or place conditions on a license to ensure compliance with this chapter and other applicable laws and regulations. Conditions of approval may include, but not be limited to, the payment of delinquent City fees, fines, or taxes prior to the issuance of the license. A denial must be based upon a finding that any applicant for any license, whether made by an individual, partnership, or corporation, is unsuitable for the issuance of a liquor license.
2. The following persons are unsuitable for the issuance of a liquor license:
 - a. A person who has been convicted within the past five years of:
 - (1) A felony or other crime which under the laws of this state would amount to a felony.
 - (2) Any crime of which fraud or intent to defraud was an element whether committed in this state or elsewhere.
 - (3) Larceny in any degree.
 - (4) Buying or receiving stolen property.
 - (5) Unlawful entry of a building.
 - (6) A gross misdemeanor, or equivalent conviction in another state, or unlawful possession, use, or distribution of controlled substances or dangerous drugs.
 - (7) Illegal use of a dangerous weapon.
 - (8) Operating a motor vehicle while under the influence of liquor and/or controlled substances or dangerous drugs.
 - (9) Contributing to the delinquency of a minor.
 - (10) A gross misdemeanor or equivalent conviction in another state, of battery, domestic battery, or similar offense.
 - b. A person who has intentionally falsified information on, or omitted information from, a liquor license application within the past five years.
 - c. A person under the age of 21 years.
 - d. A person who is in arrears in child support payments unless proof of an approved payment plan or similar arrangement is produced and approved to the satisfaction of the hearings officer.
 - e. A person whom the hearings officer or board determines is not a suitable person to receive a liquor license under the provisions of this Chapter, having due consideration for the proper protection of public health, safety, morals, good order, and general welfare of the inhabitants of the City.
 - f. Except any elected Carson City officer or any member of the Carson City Board of Supervisors, a Carson City employee who oversees or enforces the rules and regulations of liquor licenses shall not have any involvement with, interest in, or management of any establishment that possesses a liquor license.
3. If an application for a liquor license is denied, the applicant thereof shall be notified in writing of the reason or reasons therefore.
(Ord. No. 2017-8, § I, 4-20-2017)

Acknowledgement: Printed Name: April Bartlett

Signature: 

Date: 7/20/23



Carson City Business License Division
108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105

CARSON CITY LIQUOR LICENSE

RULES & REGULATIONS REGARDING LIQUOR LICENSES

I/we, April Bartlett, _____,
(Print applicant A's name) (Print applicant B's name)
_____, the undersigned, understand that:
(Print applicant C's name)

- I/we cannot sell alcohol until the Carson City Liquor Board, consisting of the Board of Supervisors and the Carson City Sheriff, approves my/our liquor license OR there is a temporary management agreement with the present owner of the establishment (who has a valid liquor license) on file with the Carson City Business License Division.
- I/we may not take control of or transfer ownership of said business before my/our liquor license is approved OR a management agreement is on file with the Carson City Business License Division.
- Taking control of or transferring ownership of said business before my/our liquor license is approved could hinder my/our chances of getting a liquor license.
- If any changes are made after completing said liquor license application (i.e., change of business name, location, nature of business, partner or corporate officer change, etc.) the Carson City Business License Division MUST be notified and a new liquor license application MUST be completed BEFORE the change occurs.
- If I am/we are issued a liquor license, the fees for said liquor license MUST be paid on or before the 1st day of July. If the annual liquor license fees are not paid by the 1st day of July, a 50% penalty charge will be assessed, without exception, and this delinquency becomes grounds for revocation of the liquor license.
- I/we also understand that if my/our liquor license is revoked by the Liquor Board, I/we cannot reapply for a new liquor license for 6 (six) months from the date of the board's action. I/we also understand that after reapplying, I/we MUST have the unanimous approval of all members of the Liquor Board.
- A liquor license is issued to a given owner at a specific location and is non-transferable to a different owner or different location. A new liquor license application must be filed for ANY change.
- The application fee and the investigation fee, paid at the time of application for a liquor license, are non-refundable.

I/We have read and fully understand the above and have received a copy thereof.

[Signature]
Applicant A's signature

Applicant B's signature

[Signature] 7/21/23
Witnessed by Date

Applicant C's signature

CARSON CITY LIQUOR LICENSE

CHILD SUPPORT STATEMENT

Per Carson City Municipal Code 4.13.125 2(d), a person who is in arrears in child support payments may not be suitable for a liquor license. Please check the appropriate box below and complete the remainder of the form.

Failure to mark one of the three and completion of the form may result in denial of the application.

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order;

or

I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant Name (please print)

April Beutner

Signature of Applicant



Date

7/21/23



Ken Furlong
Sheriff

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

911 E. Musser St.
Carson City, NV 89701

To: Business License Division
From: Carson City Sheriff's Office
Re: Liquor Manager Application
Jacksons Food Stores
Bartlett, April Gene

The Sheriff's Office has conducted a background investigation on the above applicant as the liquor manager for Jacksons Food Stores.

- Background of premises: The application applies to the Jackson Food Stores and Extra Mile locations at 1400 Rand Ave., 1102 N Carson St. and 1615 E 5th St. Each location is an established business and calls for service to these locations are typically for larceny and sometimes robbery.
- Financial arrangements: There is no change in ownership or financial arrangements associated with this application. Ms. Bartlett is applying as the liquor manager for each location.
- Method of operation: Jacksons Food Stores operate as a convenience store selling a variety of items including food, tobacco and packaged liquor as well as having a gas station and gaming machines onsite. Each location is open daily and employs 5-20 persons based on the location. Ms. Bartlett lives in the local area and is the Division Manager for nine Jacksons Food Stores located in Carson City and surrounding areas. Ms. Bartlett stated she visits each location on a regular basis.
- Results of backgrounds: The background for April Bartlett did not find any disqualifying information based on CCMC 4.13.125.

By: Elizabeth Martin

Elizabeth Martin
Administrative Assistant
Investigations Division

Date: Sept 13, 2023

Recommend Approval

Do Not Recommend Approval

Ken Furlong
Ken Furlong
Sheriff

Date 9/15/23