



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.F: For Possible Action: Discussion and possible action regarding applications to approve a change of liquor manager to William Soto for Packaged Liquor Licenses (LIQUOR-004699-2020) and (LIQUOR-004700-2020) Longs Drug Stores California, L.L.C. dba CVS/Pharmacy #9842 and CVS/Pharmacy #9981 located at 1980 N Carson St, Carson City, NV 89703 and 3240 Hwy 50 E, Carson City, NV 89706.

Recommendation: To approve applications to change William for Packaged Liquor Licenses for two store locations, Longs Drug Stores California, L.L.C. dba CVS/Pharmacy #9842 and CVS/Pharmacy #9981 at 1980 N Carson St, Carson City, NV 89703 and 3240 Hwy 50 E, Carson City, NV 89706, 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 Longs Drug Stores California, L.L.C. to change the liquor manager to William Soto for both Packaged Liquor Licenses located in Carson City.

The Sheriff's Office did a background investigation and did not find any disqualifying information based on CCMC 4.13.125.

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



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

Business License #: _____
Liquor License #: 004699-2020
Submittal Date: 07/26/2023

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

4	Entity Name		5		Business Opening Date
	LONG'S DRUG STORES CALIFORNIA, L.L.C.				OPEN
6	Business Name (DBA)		7		EIN #
	CVS/PHARMACY #9842				94-1059121
8	Business Address		City	State	Zip Code
	1980 N. CARSON ST		CARSON CITY	NV	89701
9	Mailing Address		City	State	Zip Code
	1 CVS DRIVE, LICENSING DEPT.		WOONSOCKET	RI	02895
10	Corporate Phone	Business Phone	Cellular Phone		Business Fax
	401-765-1500	775-882-2591			
11	E-mail Address		Business Website		
			WWW.CVSHEALTH.COM		

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

Last, First, MI	Percent Owned	Title
LONGS DRUG STORES, L.L.C.	100%	MANAGING MEMBER
Residence Address (Street)	City, State, Zip	Residence Telephone
1 CVS DRIVE	WOONSOCKET, RI 02895	401-765-1500
Last, First, MI	Percent Owned	Title
MOFFATT, THOMAS S.	0%	PRESIDENT
Residence Address (Street)	City, State, Zip	Residence Telephone
3022 POST ROAD	SOUTH KINGSTOWN, RI 02879	401-499-4102
Last, First, MI	Percent Owned	Title
DENALE, CAROL A.	0%	SVP/TREASURER
Residence Address (Street)	City, State, Zip	Residence Telephone
15 CREEKVIEW LANE	YARDLEY PA 19067	617-926-1910
Liquor Manager (if applicable)	<input type="checkbox"/> On-Site	Contact Phone Number
WILLIAM SOTO	<input checked="" type="checkbox"/> Off-Site	401-541-1260
Residence Address (Street)	City, State, Zip	
1995 ELK FALLS WAY	SPARKS, NV 89436	

13 Describe in detail the activity of your business

Drug store pharmacy with package alcohol sales.

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 _____	Will there be an Interim Management Agreement?			
		15 N/A			

16 List number of slot machines (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:

This application is for a change in Liquor Managers only. The new Liquor Manager is William Soto.

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

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
	<ul style="list-style-type: none"> • 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. <p>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.</p> <p>Applicant's Signature  Date <u>7-26-2013</u></p>

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:

ATTACHMENT TO CARSON CITY BUSINESS LICENSE APPLICATION FOR CHANGE OF LIQUOR MANAGER

OF

LONGS DRUG STORES CALIFORNIA, L.L.C.

#12 (CONTINUED) OWNER(S), MANAGER(S), OR OTHER PRINCIPAL(S):

Name: Melanie K. St. Angelo
% Owned: 0%
Title: Secretary
Res. Address: 9 Coldbrook Drive, Cranston, RI 02920
Res. Telephone: 401-419-9397

Name: Joshua C. Cole
% Owned: 0%
Title: Assistant Treasurer
Res. Address: 5 Meredith Way, Fiskville, MA 01518
Res. Telephone: 413-222-8589

Name: Sheelagh M. Beaulieu
% Owned: 0%
Title: Assistant Treasurer
Res. Address: 50 Washington Street, Fairhaven, MA 02719
Res. Telephone: 508-992-4881

Name: Kimberly M. DeSousa
% Owned: 0%
Title: Assistant Secretary
Res. Address: 28 Larchwood Dr., Cumberland, RI 02864
Res. Telephone: 401-258-4650



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

Business License #: _____
Liquor License #: 004700-2020
Submittal Date: 07/26/2023

<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 checked="" type="checkbox"/> Other
Type of License(s)		<input type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming
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

Entity Name		Business Opening Date	
4 LONG'S DRUG STORES CALIFORNIA, L.L.C.		5 OPEN	
Business Name (DBA)		EIN #	
6 CVS/PHARMACY #9981		7 94-1059121	
Business Address		City	State
8 3240 HIGHWAY 50 E		CARSON CITY	NV
Mailing Address		City	State
9 1 CVS DRIVE, LICENSING DEPT.		WOONSOCKET	RI
Corporate Phone	Business Phone	Cellular Phone	Business Fax
10 401-765-1500	775-883-7022		
E-mail Address		Business Website	
11		WWW.CVSHEALTH.COM	

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

Last, First, MI	Percent Owned	Title
LONGS DRUG STORES, L.L.C.	100%	MANAGING MEMBER
Residence Address (Street)	City, State, Zip	Residence Telephone
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1995 ELK FALLS WAY	SPARKS, NV 89436	

13 Describe in detail the activity of your business
Drug store pharmacy with package alcohol sales.

14 Type of Liquor License Applying for (if applicable)

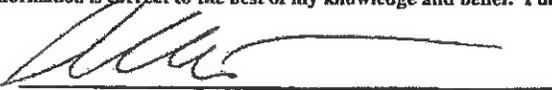
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____	15 Will there be an Interim Management Agreement? N/A			

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

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
	<ul style="list-style-type: none"> • 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 <u>7-26-2023</u>

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:
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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:
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	File #	

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108 E. Proctor St.
Carson City, Nevada 89701
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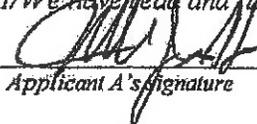
CARSON CITY LIQUOR LICENSE

RULES & REGULATIONS REGARDING LIQUOR LICENSES

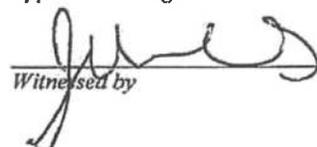
I/we, William J. Soto, _____,
(Print applicant A's name) (Print applicant B's name)
_____, the undersigned, understand that:
(Print applicant C's name)

- 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.


Applicant A's signature

Applicant B's signature

 07/28/23
Witnesed by Date

Applicant C's signature

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 , § 1, 4-20-2017)

Acknowledgement, Printed Name: William J. Soto

Signature: 

Date: 7-26-23



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.

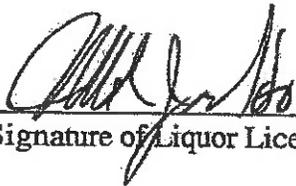
All correspondence will be sent to the email address provided on the application. If an email address is not provided, it will be sent by certified mail.

7-28-23

→ Date

William J. Soto

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): William Javier Soto

Address (Print): 1995 Elk Falls Way, Sparks, NV 89436

Telephone: (W) (407) 541-1260 (H) (401) 541-1260

→ Signature: *[Handwritten Signature]* Date: 7-28-23

State of NEVADA
 County of WASHOE

This instrument was acknowledged before me on 07/28/2023 by William Javier Soto

→ Signature of Notarial Office: *[Handwritten Signature]*



NKEM OKORIE
 Notary Public - State of Nevada
 County of Washoe
 APPT NO. 23-037342 - Expires: Mar. 23, 2027

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) William Javier Soto

→ Signature of Applicant 

→ Date 7-28-23



Ken Furlong
Sheriff

911 E. Musser St.
Carson City, NV 89701

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

To: Business License Division
From: Carson City Sheriff's Office
Re: Liquor Manager Application
CVS Pharmacy
Soto, William Javier

The Sheriff's Office has conducted a background investigation on the above applicant as the liquor manager for CVS Pharmacy,

- Background of premises: The applicant is applying as the liquor manager for CVS stores located at 3240 Hwy 50 E and 1980 N. Carson St. Calls for service to these locations are typically for fraud, larceny, and prescription fraud.
- Financial arrangements: There are no financial arrangements for this application. CVS is owned by Longs Drugs Stores LLC and Mr. Soto is employed by CVS.
- Method of operation: CVS operates as a retail store and pharmacy and is open daily selling a variety of products including packaged liquor. Each store has a store manager on site but at the time of background, the store located on North Carson St. no longer had a manager. Mr. Soto is employed as a regional manager and visits the Carson City stores twice a month and when needed.
- Results of backgrounds: The background for Mr. Soto did not find any disqualifying factors based on CCMC 4.13.125.

By: Elizabeth Martin
Elizabeth Martin
Administrative Assistant
Investigations Division

Date Sept 18, 2023

Recommend Approval

Do Not Recommend Approval

Ken Furlong
Ken Furlong
Sheriff

Date 9/19/23