



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

MEMORANDUM

Liquor License Meeting - Monday, October 9, 2023 – 1:30PM

TO: The Hearings Officer
FROM: Natalie Kiel, Business License Specialist
DATE: October 3, 2023

AGENDA ITEM 4.H: For Possible Action: Discussion and possible action regarding an application for a Combination Package and “on premise” Liquor License (LIQUOR-008148-2023) with Candice Turner as the liquor manager Longstraw, LLC dba The Walk-Up located at 318 N Carson St #213, Carson City, NV 89701.

Recommendation: To deny an application for a Combination Package and “on premise” Liquor License with Candice Turner as the liquor manager for Longstraw, LLC dba The Walk-Up at 318 N Carson St #213, Carson City, NV 89701.

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.

The subject request is for Longstraw, LLC dba The Walk-Up to have Combination Package and “on premise” Liquor License with Candice Turner as the liquor manager.

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

This request has been reviewed by the Health Department. The Health Department is not recommending approval, based on the applicant’s withdrawal of the submitted health permit application. Comments provided by the Health Department are in the attached memo.



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 #: BL-008147-2023
Liquor License #: Liquor-008148-2022
Submittal Date:

1	<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input checked="" type="checkbox"/> Change of Corporate Officer	<input checked="" type="checkbox"/> Other
2	Type of License(s)	<input type="checkbox"/> Business	<input checked="" 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 checked="" type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name	Longstraw LLC		5 Business Opening Date	07-05-2023
6	Business Name (DBA)	The Walk-Up		7 EIN #	92-2198393
8	Business Address	City	State	Zip Code	
9	318 N Carson St. #213	Carson City	NV	89701	
9	Mailing Address	City	State	Zip Code	
9	921 W Washington St	Carson City	NV	89703	
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax	
10			310-490-5841		
11	E-mail Address	Business Website			
11	hello@walkup.bar	www.walkup.bar			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI	Percent Owned	Title		
	Turner, Candice, J	100	Manager		
	Residence Address (Street)	City, State, Zip	Residence Telephone		
	921 W Washington St	Carson City, NV 89703	310-490-5841		
	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)	<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number		
	Candice Turner		310-490-5841		
	Residence Address (Street)	City, State, Zip			
	921 W Washington St	Carson City, NV 89703			
3	Describe in detail the activity of your business				
	The Walk-Up will be a small, comfortable bar serving fancy cocktails, craft beer and wine. Our goal is to have an elevated experience without elevated pricing and snobbery. We will also have Off Premise sales so our guests can buy these harder to find products to-go. There will be no gaming, smoking, DJs or dancing. We just want a clean, comfortable place to get something awesome to drink.				
4	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 type="checkbox"/> Dining Room w/Hard Liquor	<input checked="" type="checkbox"/> Combo (On-Premise & Pkg)
	<input checked="" type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars	<input type="checkbox"/> General Wholesale		
			15 Will there be an Interim Management Agreement?		
			No		
6	List number of slot machines (if applicable)		List number of table games (if applicable)		
	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 _____	_____ 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:				

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

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: <u>Candice Turner</u> Date: <u>07-05-2023</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:
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:

PAID

RECEIVED

CHK. NO. 10069
DATE \$500 JUL 06 2023
CARSON CITY BUSINESS LICENSES



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.

07-05-2023

Date

Candice Turner

Printed Name of Liquor License Applicant

Candice Turner

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

RULES & REGULATIONS REGARDING LIQUOR LICENSES

I/we, Candice Turner, _____,
(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.

Candice Turner
Applicant A's signature

Applicant C's signature

[Signature]
Applicant B's signature

Witnessed by

7/6/23
Date



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): Candice Turner

Address (Print): 921 W Washington St, Carson City, NV 89703

Telephone: (W) () (H) (702-35) _____

Signature: Candice Turner Date: 07-05-2023 7-6-23

State of Nevada
 County of Carson City

This instrument was acknowledged before me on 7/6/23 by Candice Turner

[Signature]
 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 , § 1, 4-20-2017)

Acknowledgement: Printed Name: CANDICE TURNER

Signature : Candice Turner

Date: 7-6-23

Background Investigation Questionnaire
 Carson City Liquor License
 Business Owner Questionnaire

City of Carson City
 Sheriff's Office
 911 E Musser St.
 Carson City, NV 89701
 775) 887-2500

Date: 7-6-23
 Business Name: LONGSTRAW, LLC dba The Walk-Up
 Business Address: 318 N CARSON ST. #213 CARSON CITY, NV 89701
 Business Owner: CANDICE TURNER
 Number of Employees at this business location? 0
 Weekdays and Hours of Operations: Wed - Thurs 2pm - 10pm, FRI - SAT 2pm - 11pm

1. Amount of your investment: \$ 45000 Percentage of ownership: 100 %
2. Has your interest in the business been assigned, pledged, or hypothecated, to any person, firm, or corporation OR has any agreement been entered into whereby your interest is to be assigned, pledged, or sold either in part or whole? Yes No If yes: explain: _____

3. List the names of all persons, banks, firms, or corporations which have or will advance/loan monies to you to assist in financing your investment.

Name/Entity	Relationship	Loan Amount \$	Terms
<u>DAN ANTHON</u>	<u>EMPLOYER</u>	<u>40000</u>	<u>2.99% 60 mos</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. Is there a lease agreement? Yes No
 If yes, what is the monthly lease amount and length of lease? \$1000/mo 3 yr
5. Will the owner(s) of this business be onsite participating in the daily operation? Yes No
 If no, who will be onsite managing this business? _____
6. Have you as a business owner, ever obtained a liquor license before? Yes No
 If Yes: where? _____ when? _____
7. Have you ever been denied a liquor license or had a liquor license suspended or revoked? Yes No
 If yes, where, when and the reason: _____
8. What other events or activities will take place at this establishment?
NONE



Ken Furlong
Sheriff

911 E. Musser St.
Carson City, NV 89701

775-887-2500
Hearing Impaired: 711
Fax: 775-887-2026

To: Liquor Board
From: Carson City Sheriff's Office
Re: Liquor Manager Application
The Walk-Up
Turner, Candice Joy-Josephine

The Sheriff's Office has conducted a background investigation on the above applicant as the liquor manager for The Walk-Up.

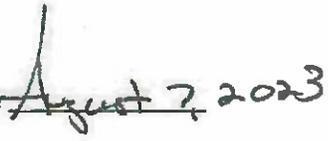
- Background of premises: The Walk-Up is a new business and will be located on the second floor of 318 N Carson St. in suite #213. The suite is being slightly modified and the business is estimated to open sometime in October 2023.
- Financial arrangements: Ms. Turner is the sole owner and has secured a loan to initiate the business set-up and opening. She also indicated she has a three-year lease agreement on the location.
- Method of operation: The Walk-Up will operate as a small bar serving cocktails, craft beer and wine, served on-premise and packaged. The bar will be open four days a week and Ms. Turner will be onsite full-time as she has no employees at this time. Ms. Turner has also applied for catering of alcohol in the event she decides to offer that type of service.
- Results of backgrounds: The background for Candice Turner consisting of DMV records, criminal history records and credit report did not find any disqualifying factors based on CCMC 4.13.125.

By:



Elizabeth Martin
Administrative Assistant
Investigations Division

Date:



Recommend Approval

Do Not Recommend Approval



Ken Furlong
Sheriff

Date:





CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To: Liquor Board Hearing Officer

From: Carson City Health and Human Services (CCHHS) Date: 9/28/2023

Re: Liquor License , BLR-2023-0257

Type of Liquor License Approval:

- Pre-Packaged Liquor
Hard Liquor/Mixed Drinks
Beer and Wine ONLY
Combo - Packaged Liquor and On-Premise

On 10/02/2023 The Carson City Health and Human Services Environmental Health Division denies the liquor trailer application submitted for The Walk Up Bar proposed to located at 318 N Carson St. Suite 213 Carson City, NV 89701 as the designee has withdrawn their application as of this date.

For future reference, acknowledgement and adherence of the following is required if proposing to offer liquor at any time:

- Serving of beer must come from approved sources.
No changes to the operation may be made without prior approval from health authority.
FDA Food Code and NAC 446 for operational purposes.
Plan review, layout, equipment schedule, finish floor schedule and standard operating procedures are required to be reviewed and approved prior to operation.

- Recommend Approval
Do Not Recommend Approval

REHS Environmental Health Specialist

Date: _____

Maria Menjivar
Maria Menjivar
Environmental Health Division Manager

Date: 10/2/2023

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) 887-2248

Public Health
Preparedness
(775) 887-2190
Fax: (775) 887-2248

Chronic Disease
Prevention & Health
Promotion
(775) 887-2190
Fax: (775) 887-2248

Disease Control &
Prevention
(775) 887-2190
Fax: (775) 887-2248

Human Services
(775) 887-2190
Fax: (775) 887-2539