

NYE COUNTY AGENDA INFORMATION FORM

Action
 Presentation
 Presentation & Action

Department: Sheriff's Office	Agenda Date:
Category: Regular Agenda Item	April 3, 2018

Contact: Janice Maurizio	Phone: 775-751-4255	Continued from meeting of:
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Return to: Janice Maurizio	Location:	Phone:
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Action requested: (Include what, with whom, when, where, why, how much (\$) and terms)

Discussion and deliberation to issue a Permanent Retail Liquor License to O'Happy Bread LLC, located at 1231 E. Basin Ave, Pahrump, NV 89060 pending the processing of an application for a permanent license. Richard P. Candillier is the Applicant

Complete description of requested action: (Include, if applicable, background, impact, long-term commitment, existing county policy, future goals, obtained by competitive bid, accountability measures)

Mr. Richard P. Candillier filed an application for a Retail Liquor License for O'Happy Bread , located at 1231 E. Basin Ave, Pahrump, NV 89060

Fees are paid and application paperwork is in order, fingerprint results from the FBI have been received and he is cleared. So we can proceed with a permanent liquor license.

All fees paid, local background on applicant is suitable and complete

Any information provided after the agenda is published or during the meeting of the Commissioners will require you to provide 20 copies: one for each Commissioner, one for the Clerk, one for the District Attorney, one for the Public and two for the County Manager. Contracts or documents requiring signature must be submitted with three original copies.

Expenditure Impact by FY(s): (Provide detail on Financial Form)

No financial impact

Routing & Approval (Sign & Date)

1. Dept	Date	6.	Date
2.	Date	7. HR	Date
3.	Date	8. Legal	Date
4.	Date	9. Finance	Date
5.	Date	10. County Manager	Date

Place on Agenda
 MG
 N/A

ITEM # 14



Office of the
Nye County Sheriff

Nye County Courthouse
Post Office Box 831
Tonopah, Nevada 89049



Anthony L. DeMeo
Sheriff

TO: NYE COUNTY LIQUOR, GAMING, OR BROTHEL APPLICANTS

This is the liquor, gaming, or brothel application package you requested. **THE APPLICATION HAS TO BE FILLED OUT ENTIRELY.** Should any of the questions on the application **NOT** pertain to what you are applying for, indicate so by placing an **N/A** (not applicable) on that question.

The following items are required to accompany your application when submitted:

- X One Photograph of Yourself
- X Photograph of the business and business site
- X Plot Map
- 2 sets of Fingerprints – (You can have them taken at your local Sheriff's Office, cards have been included.)
- X Copy of escrow or lease agreement for the property
- X Copy of health certificate for the business
- X Copy of Town Business License (if applicable) A town license is required in Tonopah and Pahrump
- X Copy of filing of fictitious firm name (County Clerk's Office)
- X Copy of Zoning Review (County Planner) and is **REQUIRED** for **ALL LIQUOR & GAMING APPLICATIONS** in Pahrump **ONLY**
- X Copy of Occupancy Permit (Issued by State Fire Marshal Pahrump Only)
- N/A Certificate of Compliance for Fire Safety (Outside Pahrump)
- X Copy of Assessors map and legal description of property
- X Payment for background and license fees (SEPARATE CHECKS)

Please use the above as a checklist. Please make sure that you have your signature notarized prior to sending the application.

ANY APPLICATION THAT IS INCOMPLETE WILL BE RETURNED WITHOUT PROCESSING.

RETURN CHECK LIST WITH YOUR APPLICATION

AREA	PO BOX	OFFICES	PHONE	FAX
Tonopah	PO Box 831	Tonopah Nevada 89049	775 498 8101	775 482 8155
Beatty	PO Box 505	Beatty Nevada 89003	775 587 2345	775 553 2588
Argosia	PO Box 68	Argosia Nye Nevada 89025	775 372 8345	775 372 1211
Pahrump	1520 E Bas - Ave	Pahrump Nevada 89061	775 751 7610	775 751 4872
Mercury	PO Box 175	Mercury Nevada 89023	702 295 6601	702 295 7671



Office of the
Nye County Sheriff
 Nye County Courthouse
 Post Office Box 631
 Tonopah, Nevada 89049
 Business License Application

NEW

Business Name O Happy Bread
 DBA Name _____
 Primary Address 1231 E. Basin Ave. Mailing Address 1231 E. Basin Ave.
Suite # 7 Suite # 7
Pahrump, NV 89060 Pahrump, NV 89060
 Phone (775) 455-0478 Phone (775) 455-0478
 Cell Phone _____ Fax Phone (775) 727-8819
 Email Address N/A
 Web URL N/A
 Fed ID _____ Local ID _____
 State ID _____ UBC _____
 SIC _____ NAICS _____

Business Description
 Type of Business Bakery/Restaurant
 Description of Business French Bakery food service

License(s)
 Type/Description of Licenses
Business License / Town
Business License / State
Health License

Business Contacts

Name	Relationship	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Hazardous Material
 Do you store hazardous or flammable materials? Yes No If yes, list type and quantity below:

Scientific Name	Common Name	Qty Stored	Total Waste
_____	_____	_____	_____
_____	_____	_____	_____

Insurance
 Type _____
 Policy # _____

Important: Read and sign below
 I certify that the above information is correct
 Signed By X [Signature] Officer/Title X _____

NYE COUNTY LICENSING BOARD LICENSE APPLICATION

Date: 2-13-18

NAME: Richard Candillier

ADDRESS: [REDACTED]

TELEPHONE: [REDACTED]

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: [REDACTED]

STATE DRIVERS LICENSE OR ID CARD NO: _____

1. Name, (trade name) and address of establishment for which license is requested:

O Happy 311
10th - 61st Ave
Primm, NV

2. Sole Owner _____ Partnership Corporation _____

If Corporation, state percentage of total stock owned or to be owned or controlled by applicant:

3. List below all members of the corporation or partnership, together with the percentage owned by each and the amount invested by each (to include owners of real property):

<u>NAME</u>	<u>% OF OWNERSHIP</u>	<u>AMOUNT INVESTED</u>
<u>Richard Candillier</u>		
<u>Elizette Candillier</u>		
<u>Julien Candillier</u>		

4. Legal description of the property upon which the proposed (or existing) operation is to be conducted, together with executed copies of all deeds, mortgages, deeds of trust, liens, or other encumbrances, leasehold interests, or other financial, leasehold or ownership interests relating to the premises:

Rent agreement

5. Names, ages and addresses of all persons who have (or will have) any interest in the operation and/or premises, including but not limited to, interests set forth in subsection four (4) above:

Richard Candillier
Ellette Candillier
Julien Candillier



6. CORPORATION/PARTNERSHIP APPLICANTS:

Name of corporation/partnership: O Happy Friends LLC

Name and address of resident agent: Dawn Mauer



Name(s) and residence address(es) of each officer, director and stockholder/partner, including limited partners:

Richard Candillier
Ellette Candillier
Julien Candillier



If partnership, if one or more of the partners, including limited partners, is a corporation:

Name(s) and address of resident agent:

Name(s) and residence addresses of each officer, director and stockholder/partner, including limited partners:

7. Names, ages, and addresses of person(s) who are or will be personally responsible for the conduct and management of the operation, in addition to the licensee:

Richard Candillier
Ellette Candillier
Julien Candillier



8. Name(s) and address(es) of every other business in which applicant has any financial interest, including type of business and the nature of applicant's interest:

9. List below all assets to be used or converted for use as Capital Investment:

<u>Assets</u>	<u>Description</u>	<u>Amount or Valuation</u>
Equipment	Bakery Equipment	# -

10. State name and address of any person, firm, or corporation which has undertaken to advance monies to the applicant in the financing of this business, and relationship, if any, to the applicant:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
N/A		

Explain method of repayment, and interest rates for any loan listed above:

11. Have you ever been refused a gaming, liquor, brothel or other privileged license in Nevada? NO
In any other State? NO If so, where? _____ If so, state reason:

PERSONAL HISTORY RECORD

12. Name in full Candillier Richard
Last First Middle

List ALL other names you have been known by including nicknames:

13. Residence Address: [REDACTED]

Residence Phone: [REDACTED]

14. Name of your present business and/or employer: O Happy Bread

Business Address: 1231 E Basin Ave Suite # 7
Pahrump, NV 89060

Business Phone: (725) 455-0478

Type of Business: Bakery/Restaurant

Position: Owner

How long engaged in business: 1 year

Names of partners or associates: Ellette Candillier, Julien
Candillier

15. Are you a citizen of the United States? Yes No

If naturalized citizen, give date and place of naturalization and Certificate of Citizenship Number:

16. Date of Birth: [REDACTED] Age: [REDACTED] Place of Birth: [REDACTED]

Height: [REDACTED] Weight: [REDACTED] Eye Color: [REDACTED] Hair Color: [REDACTED]

Tattoos: N/A

Scars: [REDACTED]

17. Married Single Divorced Separated Widowed

Spouse's full name: [REDACTED]

Spouse's maiden name: [REDACTED]

Spouse's date of birth: [REDACTED] Spouse's place of birth: [REDACTED]

Spouse's social security number: [REDACTED]

Spouse's employer and position: [REDACTED]

Number of Children: 2

18. Mother's maiden name and address: [REDACTED]

19. Father's name and address: [REDACTED]

Father's occupation: [REDACTED]

Where employed: _____

20. Names and addresses of brothers and sisters:
[REDACTED]

21. Military service: France

Dates: [REDACTED] Type of Discharge: retired

22. Have you ever been arrested: ___ Yes ___ No If yes, list details in space below of all arrests:

<u>DATE OF ARREST</u>	<u>CHARGE</u>	<u>PLACE OF ARREST</u>	<u>DISPOSITION</u>
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23. List residence(s) where you have lived during the last 10 years, giving street addresses and dates:

<u>DATES FROM - TO</u>	<u>ADDRESS</u>	<u>CITY/STATE</u>
[REDACTED]	[REDACTED]	[REDACTED]

24. List place of employment or business you have been interested in for past 10 years. (If you have worked in business in one place for 10 years, list two previous places of employment or business)

military in France for 27 years

25. Name(s) and address(es) of all employers in the previous ten (10) years:

<u>FROM - TO</u>	<u>NAME</u>	<u>ADDRESS</u>

26. List five character references. Do not include past employers or relatives.

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE</u>
[REDACTED]		

27. Are you a registered voter in the State of Nevada? Yes No

If yes, give county and precinct number: _____

28. Are you a resident of the State of Nevada? Yes No

If yes, have you been a resident for 6 or more months? Yes No

29. List business history of applicant of the type of license applied for:

N/A

30. Has applicant, in previous operations in this or any other city, county, or state, had any business license revoked or suspended? Yes No

If yes, declare the business activity or occupation engaged in and the cause of suspension or revocation.

31. List banks you have done business with:

32. Have you ever filed bankruptcy? Yes No
If so, where and when? _____

33. Where did you file your last Federal Income Tax Return?

If requested to produce your former Federal Income Tax Return as evidence of your financial worth, would you be willing to do so? Yes No

34. Will the applicant advise the Nye County Licensing Board of any change in financing, additional loans, or capital investment that may occur during the tenure of this license, if granted?
 Yes No

35. Have you ever held, or do you presently hold, a State Gaming License? Yes No
Trade Name and Address From - To

QUESTIONS 36 THROUGH 38 INCLUSIVE, TO BE COMPLETED BY GAMING APPLICANTS ONLY

36. Do you have any interest directly or indirectly in gaming of any nature what so ever outside the State of Nevada? Yes No
If yes, explain: _____

37. Have you ever engaged in gambling? Yes No
If so, list places of employment where gambling was present:

38. Do you have any relative connected with the gambling industry? Yes No
Is yes, state who, relationship, where and position held:

INVESTED CAPITAL QUESTIONNAIRE

39. Amount to be invested in the business: \$ _____

40. Percentage of ownership the above will represent: _____

41. Do you anticipate at this time active participation in the management and operation of the establishment? Yes No

42. Has your interest in this establishment been assigned, or 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 in whole? Yes No

If yes, explain : _____

43. Have you listed all your assets and liabilities on the schedules included herein? Yes No

STATEMENT OF ASSETS

CURRENT ASSETS

Cash on hand ----- S _____

Cash in Safe Deposit Box ----- S _____

Location of Safe Deposit Box: _____

Cash in: _____ S _____
(Bank name and Branch)

Cash in: _____ S _____
(Bank name and Branch)

Cash in: _____ S _____
(Bank name and Branch)

Cash in: _____ S _____
(Bank name and Branch)

Accounts and Notes Receivable (describe nature receivable and when due)

N/A _____ S _____

_____ S _____

_____ S _____

Other Current Assets:

Equipment _____ S _____

_____ S _____

_____ S _____

INVESTMENTS

Stocks, Bonds, etc. (Market value). If closcheld corporation, furnish current Balance Sheet.

N/A \$ _____
\$ _____
\$ _____

Any investments, other than stocks and bonds:

N/A \$ _____
\$ _____
\$ _____

FIXED ASSETS

Real Estate: give location, description and fair value of each parcel:

[Redacted] \$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

OTHER ASSETS

Automobiles and other personal property:

[Redacted] \$ _____
\$ _____
\$ _____
\$ _____
\$ _____

As of 2-13-2018, 19____ Total Assets \$ _____

STATEMENT OF LIABILITIES

(describe fully. Indicate secured liaoilities)

CURRENT LIABILITIES

Notes Payable [Redacted] \$ _____
(Bank name and branch)

Due: [Redacted] How Secured: w/ assets

Notes Payable: _____ \$ _____
(Bank name and branch)

Due: _____ How Secured: _____

Notes Payable: _____ \$ _____
(Bank name and branch)

Due: _____ How Secured: _____

Notes Payable: _____ \$ _____
(Bank name and branch)

Due: _____ How Secured: _____

Other Notes Payable (indicate name, address and how secured

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Accounts Payable: _____ \$ _____

Provision for current year's Federal Income Tax: _____ \$ _____

HOUSE OF PROSTITUTION APPLICANTS

Applicant(s) for a license to operate a house of prostitution must furnish a complete and accurate audited financial statement supported by documentation as required by, and acceptable to, the Board. Such financial statement must be current (within six (6) months) prior to filing such application and must be attached to, and incorporated in, such application.

DEPARTMENT OF THE TREASURY
 ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)
Alcohol Dealer Registration – For Use On and After July 1, 2008
 (Please read instructions carefully before completing this form)

SECTION 1 – IDENTIFYING INFORMATION
 Complete all fields in section 1 to correctly identify your business

NAME (Last, First, Middle) or CORPORATE NAME (If Corporation) O Happy Bread		EMPLOYER IDENTIFICATION NUMBER (See Instructions)	
MAILING ADDRESS (Street address or P.O. Box)	CITY	STATE	ZIP CODE

SELECT BOX a, b, or c:

a. NEW BUSINESS
 b. OUT OF BUSINESS

c. EXISTING BUSINESS WITH CHANGE IN* (complete items below)

<input type="checkbox"/> NAME / TRADE NAME	<input type="checkbox"/> OWNERSHIP INFO
<input type="checkbox"/> ADDRESS / LOCATION	<input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER
<input type="checkbox"/> BUSINESS CLASS	(OLD -)
<input type="checkbox"/> PHONE	(NEW -)

DATE OF CHANGE, OR OF ENTRY INTO BUSINESS, OR OF TERMINATION OF BUSINESS (mm/dd/yyyy)

SECTION 2 – BUSINESS CLASS(ES) AND PREMISES LOCATIONS
 Enter information below for each business location, using the appropriate class code

DEALER CLASS	SUBCLASS	CLASS CODE
RETAIL DEALER (Anyone who sells, or offers for sale, beverage alcohol products to any person other than a dealer. Examples are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.)	Liquors (Distilled Spirits, Wine or Beer)	11
	Beer Only	12
	Liquors (Distilled Spirits, Wine or Beer) – At Large*	15
	Beer Only – At Large*	16
WHOLESALE DEALER (Anyone who sells, or offers for sale, beverage alcohol products to another dealer. An IMPORTER must register as a wholesaler if he or she sells beverage alcohol products to other dealers.)	Liquors (Distilled Spirits, Wine, or Beer)	31
	Beer Only	32

* A retail dealer at large is one whose business requires him to move from place to place, such as a circus or carnival.

CLASS CODE	TRADE NAME	PREMISES ADDRESS STREET NUMBER AND NAME	CITY, STATE, ZIP CODE	TELEPHONE NUMBER
				()
				()
				()
				()
				()

Under penalties of perjury, I declare that the statements in this registration are true and correct to the best of my knowledge and belief; that this registration applies only to the specified business and location or, where the registration is for more than one location, it applies only to the businesses at the locations specified on the attached list.

SIGNATURE	TITLE	DATE
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SECTION 3 – OWNERSHIP INFORMATION

INDIVIDUAL OWNER PARTNERSHIP CORPORATION LLC OTHER (Specify)

FULL NAME <i>Richard P. Candillier</i>	RESIDENCE ADDRESS	POSITION
FULL NAME <i>Julien R. Candillier</i>	RESIDENCE ADDRESS	POSITION
FULL NAME <i>Ellette</i>	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION

INSTRUCTIONS

GENERAL INSTRUCTIONS

This registration is for use on and after July 1, 2008. If you are engaged in one or more of the alcohol activities listed on this form, you are required to file this form before beginning business. If there is a change in your business, you need to report it on or before the next July 1 (see CHANGES IN OPERATIONS, below). You may file one registration to cover several locations or several types of activity operating under the same Employer Identification Number (EIN).

NOTE: The special (occupational) tax on producers and marketers of alcohol beverages was repealed by Section 11125 of Public Law 109-9, effective July 1, 2008. However, tax liability and the registration requirement for periods before that date remain. If you need to file a delinquent or amended registration for a period through June 30, 2008, please use TTB Form 5630.5a, Alcohol Special (Occupational) Tax Registration and Return – For Periods Ending On or Before June 30, 2008.

SIGNING YOUR REGISTRATION

This form must be signed by the individual owner, a partner, or, in the case of a corporation or LLC, an individual authorized to sign on behalf of the corporation or LLC.

SECTION 1 – IDENTIFYING INFORMATION

Complete Section 1, Identifying Information, as specified on the form. Your registration must contain a valid Employer Identification Number (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). You must have an EIN whether you are an individual owner, partnership, corporation, LLC, or a government agency. If you do not have an EIN, contact the Internal Revenue Service immediately to obtain one. While TTB may assign a temporary identification number (beginning with XX) to allow initial processing of a return which lacks an EIN, do not delay submission of your registration pending receipt of your EIN. If you have not received a number by the time you file this return, write "number applied for" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

SECTION 2 – PREMISES LOCATIONS

Enter the requested information in Section 2 for each premises location even if this repeats the business information listed in Section 1. If you are reporting a change, enter the date of the change in the appropriate space in Section 1. If additional sheets are needed, make a copy of page 1 of this form or enter the requested information on a separate sheet of paper with your EIN and Company's name.

SECTION 3 – OWNERSHIP INFORMATION

Please complete the ownership information in Section 3. Supply the information specified for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol. For a corporation, association, or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

CHANGES IN OPERATIONS

If there is a change of your company's name, trade name, address, premises location, telephone number, ownership information, type of business, or EIN, complete TTB F 5630.5d and submit it no later than the next July 1 after the change. Check the box, Existing Business with Change(s), complete all fields in Section 1, and complete Sections 2 and 3 as necessary to show any changes there. Upon going out of business, submit TTB F 5630.5d within 30 days, checking box b in Section 1. If you are still in business but there are no changes since your last registration, this form does not need to be submitted.

MAILING INSTRUCTIONS

Please sign and date this registration and mail it to

Alcohol and Tobacco Tax and Trade Bureau
550 Main Street, Suite 8002
Cincinnati, OH 45202-5215

CONTACT INFORMATION

For further assistance, contact TTB National Revenue Center at 1-800-937-8864 or 1-877-882-3277, or email to ttblaxs_tamp@ttb.gov. Additional information is also available at our Web site, www.ttb.gov.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. This information is used to ensure compliance with Section 11125 of Public Law 109-59, and the Internal Revenue Laws of the United States.

The estimated average burden associated with this collection of information is .8 hour per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, D.C. 20220

agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.