

**City of Palmer  
Action Memorandum No. 16-015**

**Subject:** City Council Statement of Non-objection to Liquor License #4758, for Turkey Red, Located at 550 South Alaska Street, Suite 100, Palmer

**Agenda of: February 9, 2016**

**Council Action:** No objection \_\_\_\_\_

**Originator Information:**

**Originator:** City Clerk  
**Date:** January 11, 2016      **Requested agenda date:** February 9, 2016

**Department Information √:**

| Route to: | Department Director:  | Signature: | Date: |
|-----------|-----------------------|------------|-------|
| _____     | Community Development | _____      | _____ |
| _____     | Finance               | _____      | _____ |
| _____     | Public Safety         | _____      | _____ |
| _____     | Public Works          | _____      | _____ |

**Approved for presentation by:**

|               | Signature:   | Remarks: |
|---------------|--|----------|
| City Manager  | <u></u> | _____    |
| City Attorney | <u></u> | _____    |
| City Clerk    | <u></u> | _____    |

**Certification of Funds:**

Total amount of funds listed in this legislation: \$ 0

This legislation (√):

Has no fiscal impact       Creates a positive impact in the amount of: \$ \_\_\_\_\_  
 Creates a negative impact in the amount of: \$ \_\_\_\_\_

Funds are (√):

Budgeted      Line item(s): \_\_\_\_\_  
 Not budgeted      Affected line item(s): \_\_\_\_\_

General fund unassigned balance (after requested budget modification): \$ \_\_\_\_\_

Enterprise unrestricted net position (after requested budget modification): \$ \_\_\_\_\_

Director of Finance Signature: 

**Attachment(s):**

- Review Form

**Summary statement:** The owner of Turkey Red has applied for renewal of their liquor license. State law requires local governing bodies to review requests pertaining to liquor licenses within their municipalities. The City may voice a non-objection or may file a protest to a request.

**Administration recommendation:** Authorize Action Memorandum 16-015.



*Route to: Department of Public Safety*

**Department of Public Safety**

Code Compliant: ✓

Yes  No

If no, explain:

\_\_\_\_\_

Other Comments:

\_\_\_\_\_



1-8-16

Director, Department of Public Safety

Date

*Route to: City Manager's Office*

Other Comments:

\_\_\_\_\_



1-8-15

City Manager

Date

**FORWARD TO COUNCIL FOR AGENDA OF: February 9, 2016**

*Route to: CLERK'S OFFICE*