

Item # 40

**City of Carson City
Agenda Report**

Date Submitted: May 6, 2008

Agenda Date Requested: May 15, 2008

Time Requested: 10 minutes

To: Liquor Board

From: Business License Division, Development Services

Subject Title: Action to approve a location transfer from 111 E. Telegraph St., Carson City to 319 N. Carson St., Carson City for a dining room with beer and wine only liquor license for Deborah Pastini, owner/liquor manager.

Staff Summary: Per CCMC 4.13, all liquor license requests are to be reviewed by the Liquor Board.

Type of Action Requested:

- Resolution Ordinance
 Formal Action/Motion Other (Specify)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to approve a location transfer from 111 E. Telegraph St., Carson City to 319 N. Carson St., Carson City for a dining room with beer and wine only liquor license for Deborah Pastini, owner/liquor manager.

Explanation for Recommended Board Action: The Liquor Board has the authority to approve all liquor licenses pursuant to CCMC 4.13((1)).

Applicable Statute, Code, Policy, Rule or Regulation: CCMC 4.13

Fiscal Impact: N/A

Explanation of Impact: N/A


Funding Source: N/A

Alternatives: 1) Refer back to the Business License Division, or
2) Deny

Supporting Material: 1) Carson City Changes to an Existing License Form

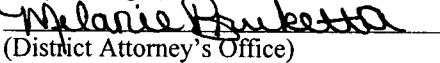
Prepared By: Lena E Tripp, Senior Permit Technician

Reviewed By:



(Development Services Director)

(City Manager)



(District Attorney's Office)

(Sheriff)

Date: 5-6-08

Date: 5-6-08

Date: 5-6-08

Date: _____

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



**CARSON CITY
BUSINESS LICENSE DIVISION
UPDATE FORM**

Submittal Date: April 29, 2008
 Business License #: 08-16811 BUS
08-2068 Cig.

Please indicate license changes; If the business has been sold, a new business license is required

* A compliance letter from the Department of Taxation must be submitted with this form

Business	Current Business Name	<u>Kim Lee's Sushi</u>		
	New Business Name	_____		
Owner	Owner's Name	<u>Deborah L. Pastini</u>		Home Phone Number <u>775-883-8573</u>
	Home Mailing Address	City	State	Zip Code
		<u>CC</u>	<u>NV</u>	
Physical Add.	Previous Physical Address	<u>111 E Telegraph CC 89701</u>		Previous Phone <u>883 2372</u>
	New Physical Address	<u>319 N Carson ST CC 89701</u>		New Phone <u>883 2372.</u>
Mailing Add.	Previous Mailing Address	_____		
	New Mailing Address	_____		
Other				
Circle One	Adding or Deleting	Nature of Business		
Number of Employees		Square Footage	Number of Rental Units	
Authorized Signers of the Business				

OFFICE USE ONLY

Office Use Only	FEE STRUCTURE	STRUCTURE INFO	FEEES	
	CLASSIFICATION (leave blank)			PAID
	SQUARE FOOTAGE OF BUSINESS (Commercial Location in Carson City)			
	NUMBER OF EMPLOYEES (in Carson City) INCLUDING OWNERS			
	NUMBER OF COIN OPERATED MACHINES AND HONOR BOXES			
	NUMBER OF RENTAL UNITS (ex. apartments, motels)			
	HEALTH APPLICATION AND HEALTH PERMIT FEES			
TRACKING		BUSINESS LICENSE FEES		
Fire	Annual Fee:	PAID		
Health	Pro-rated Fee:			
Planning	Application Fee:			
Environmental	Fictitious Name Fee: CK. NO. _____ DATE _____			
Other	Other: _____			
		TOTAL FEES DUE: <u>25.00</u>		
COMPLETE ADDITIONAL INFORMATION ON BACK OF APPLICATION				