

Item # 4

**City of Carson City
Agenda Report**

Date Submitted: February 24, 2009

Agenda Date Requested: March 5, 2009

Time Requested: 10 minutes

To: Liquor Board

From: Business License, Development Services

Subject Title: Action to approve Obaid Mobaligh as the liquor manager for the packaged liquor license for Smoke Shop located at 1953 N Carson St., Carson City including the Non-Refundable Investigation Fee of \$500.00.

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 Obaid Mobaligh as the liquor manager for the packaged liquor license for Smoke Shop located at 1953 N Carson St., Carson City including the Non-Refundable Investigation Fee of \$500.00.

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

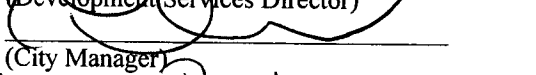
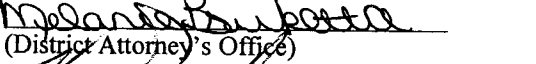
Funding Source: N/A

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

Supporting Material: 1) Background check from Sheriff's Office
2) Carson City Liquor License Application

Prepared By: Lena E. Tripp, Senior Permit Technician

Reviewed By:


(Development Services Director)

(City Manager)

(District Attorney's Office)

(Sheriff)

Date: 2-23-09

Date: 2/24/09

Date: 2-24-09

Date: 2-24-09

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY
BUSINESS LICENSE DIVISION
**LIQUOR LICENSE
APPLICATION**

Liquor License #

09-26147

Submittal Date

1/20/09

Applicant

Business Owner's Name, LLC, or Corporation Name **OBAID MOBAILIGH**

Business Phone

560-5004

Business Address **1953 N. Carson St**

Home Phone

882-1896

Mailing Address

Email Address

0613501@AOL.com

City **Carson city**

State

NV

Zip Code

89701

Month Starting Liquor Sales

ASAP APPROVED

Fictitious Firm Name

Smoke shop

Management Agreement on File?

List All Owners, Partners, or Corporate Officers below

Name and Title

OBAID MOBAILIGH

Address

2021 Ashwood Ct

Home Phone

882-1896

Name and Title

Address

Carson city, NV

Home Phone

Name and Title

Address

Home Phone

Are you familiar with Nevada Liquor Laws?

Yes

Have you ever obtained a Liquor License before? If yes, where?

Country Store

I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that this liquor license, if approved, may not be transferred to any other person or to any other location, without prior approval by the Liquor Board. I further understand the investigation period may be forty-five (45) days or longer for processing.

Signature

Date

1/16/08

Signature

Date

Signature

Date

FOR OFFICE USE ONLY

Office Use Only	FEE STRUCTURE	COLUMN 1	FEE
	Dining Room with Beer and Wine Only		
	Dining Room with Hard Liquor		
	Tavern/Bar		
	General Wholesale Liquor		
	Packaged Liquor		
	Combo - Packaged Liquor and On-Premise		
	Additional Bar(s) at Location		

PAID

PK NO. **4556**
DATE **1/20/09**

800.00

TRACKING

BUSINESS LICENSE FEES

Fire	Annual Fee	400.00
Health	Pro-rated Fee	400.00
Planning	Application Fee	1,000.00
Environmental	Investigation Fee	500.00
Other	TOTAL FEES DUE	1,900.00

FOR SHERIFF'S DEPARTMENT USE ONLY

Date Applicant Fingerprinted	By	File #
Date Applicant Fingerprinted	By	File #
Date Applicant Fingerprinted	By	File #