

Item # 13

**City of Carson City
Agenda Report**

Date Submitted: October 26, 2010

Agenda Date Requested: November 4, 2010

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License, Public Works

Subject Title: Action to approve Gurpal Singh Sood as the liquor manager for India Feast (Liquor License #11-27341) located at 316 E. Winnie Ln., Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Gurpal Singh Sood is applying to be listed as the liquor manager on the liquor license and staff is recommending approval.

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 Gurpal Singh Sood as the liquor manager for India Feast (Liquor License #11-27341) located at 316 E. Winnie Ln., Carson City.

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 Liquor License Application
2) Carson City Sheriff's Office Background Investigation

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:




(Public Works Director)

Date: 10/26/10



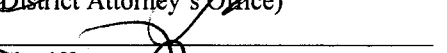
(City Manager)

Date: 10/26/10



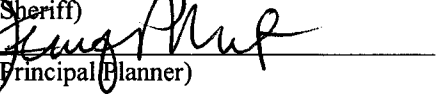
(District Attorney's Office)

Date: 10/26/10



(Sheriff)

Date: _____



(Principal Planner)

Date: 10.26.10

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



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 #:

11-27341

Submittal Date:

9/29/10

1	<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corporate Officer	<input type="checkbox"/> Other
2	Type of License(s)	<input type="checkbox"/> Business	<input 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 type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name GURPAL S SOOD			5	Business Opening Date 10.02.10
6	Business Name (DBA) India Feast			7	EIN #
8	Business Address 316 E Winnie	City CC	State NV	Zip Code 89706	
9	Mailing Address 316 E Winnie	City CC	State NV	Zip Code 89706	
10	Corporate Phone	Business Phone 775 882328	Cellular Phone 5629643570	Business Fax	
11	E-mail Address			Business Website	

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI GOOD GURPAL	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street) 13517 PALM PL		City, State, Zip CERRITOS CA 90703		Residence Telephone 5624044860

Manager/Liquor Manager GURPAL SOOD	<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site	Contact Phone Number 5629643570
Residence Address (Street) 13517 PALM PLACE		City, State, Zip CERRITOS CA 90703

Pursuant to NRS 244.33507 and 42 U.S.C. Sec. 666, you are required to provide your social security number on the application for a license, permit, or certificate for the purpose of determining whether or not you have failed to comply with a subpoena or warrant relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of a child or you are in arrears in the payment for the support of one or more children

13 Describe in detail the activity of your business
SIT DOWN RESTAURANT

Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input checked="" type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
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<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____	Will there be an Interim Management Agreement?
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16 List number of slot machines (If applicable) N/A	List number of table games (If applicable)
<input type="checkbox"/> 1 cent _____ <input type="checkbox"/> 5 cent _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> 1.00 _____	<input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____ <input type="checkbox"/> Craps _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Keno _____
	<input type="checkbox"/> Baccarat _____ <input type="checkbox"/> Race Book _____ <input type="checkbox"/> Sports Book _____ <input type="checkbox"/> Poker _____

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below
N/A

18 Check One

I am not subject to a court order for the support of a child

I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order

I am subject to a court order for the support of one or more children and am not in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order

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 <i>Yes</i>	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs <i>NO</i>	Are there any existing signs of the property
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>NO</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>NO</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>N.A.</i>	

Rules and Regulations	<p>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</p> <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 <p>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.</p>
	<p>Applicant's Signature <u><i>Walsman</i></u> Date <u><i>09-28-10</i></u></p>

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: <i>600.00</i>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <i>500.00</i>
Number of Slot Machines		Liquor License Investigation Fee: <i>500.00</i>
TOTAL FEES DUE: <i>1000.00</i>		Gaming License Quarterly Fee:
Payment Type <i>Check</i>		Gaming License Application Fee:
Received By <i>SI</i>	Date <i>9-29-10</i>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:



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

Business License #: **10-27632**

Submittal Date: **2-3-10**

Applicant	Business Entity Name INDIA FEAST.				Month Starting Business FEB 15 2010	
	Fictitious Firm Name				Federal Tax Identification #	
	Business Entity Type	<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
	Business Address 316 E WINNEFELANE		City CARSON	State NV	Zip Code 89706	
	Mailing Address Same		City	State	Zip Code	
	Business Phone Number 310-945-6999		Cell Phone Number		State of Nevada Specialty License #	

List All Owners and Officers	Last, First, MI SINGH SURINDER		Percent Owned 100%	Title	Date of Birth 2-6-61	SSN
	Residence Address (Street) 218 W. PARK ST.			City, State, Zip CARSON CITY NV 89703		Residence Telephone
	Last, First, MI		Percent Owned	Title	Date of Birth	SSN
	Residence Address (Street)			City, State, Zip		Residence Telephone
	Last, First, MI		Percent Owned	Title	Date of Birth	SSN
	Residence Address (Street)			City, State, Zip		Residence Telephone

Signers	List Authorized Signers on behalf of the Business (For Contractors Only):	

Describe in Detail the Nature of your Business in Nevada
INDIAN RESTAURANT

FOR OFFICE USE ONLY		
FEE STRUCTURE	FEE	BUSINESS LICENSE TOTAL FEES
Classification	63.85	Annual Fee: 164.15
Square Footage	13.00	Pro-rated Fee: (151.01) Feb - Dec 2010
Number of Employees x 2	12.30	Application Fee: 25.00
Health Fee	75.00	Fictitious Name Fee: 20.00
Number of Rental Units		Health Pre-Inspection Fee: 25.00
Number of Coin Operated Machines		TOTAL FEES DUE: 221.01

Child Support Data	If you have any questions with this section, please contact the Child Support Division at (775) 887-2098. Failure to check one of these three will result in denial of the application per Nevada Revised Statutes. (Corporations or Limited Liability companies are exempt from this question.)	
	Check One:	<u>NO</u> I am not subject to a court order for the support of a child
		<u>NO</u> I am subject to a court order for the support of one or more children and am <i>in compliance</i> with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order
		<u>NO</u> I am subject to a court order for the support of one or more children and am <i>not in compliance</i> with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order

Miscellaneous Information	Please answer this section if your business is located 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	Has a Special Use Permit been obtained for this business location
	<u>yes</u>	
	Will you be installing any outdoor signs	Are there any existing signs of the property
	<u>yes</u>	
	Will there be any outside storage (If yes, please explain items being stored and how being screened)	
<u>NO</u>		
Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)		
<u>yes</u>		
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business		

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 business license application this office must be notified immediately and a new business license is required • A business license is issued to a given owner at a SPECIFIC LOCATION and is NON-TRANSFERRABLE to a different owner or different location • Bills will be mailed in December and payable on or before January 1, for the next calendar year. Penalties will be applied for late payments and licenses will be revoked for non-payment • 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	Date <u>2/2/10</u>

If your business requires a state license, a copy of it must be submitted with this form