

**City of Carson City
Agenda Report**

Date Submitted: December 28, 2010

Agenda Date Requested: January 6, 2011

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License, Public Works

Subject Title: Action to approve Silvyia De La Rosa as the liquor manager for Kei Sushi (Liquor License #11-27409) located at 3220 Hwy 50 East, Ste 4, Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Silvyia De La Rosa is applying to be listed as the liquor manager on the liquor license. 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 Silvyia De La Rosa as the liquor manager for Kei Sushi (Liquor License #11-27409) located at 3220 Hwy 50 East, Ste 4, 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

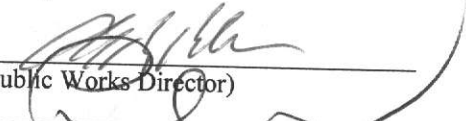
Funding Source: N/A


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

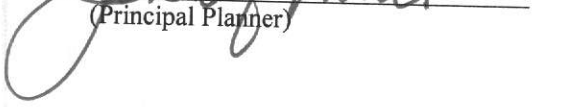
Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:



(Public Works Director)


(City Manager)


(District Attorney's Office)


(Principal Planner)

Date: 12/28/10
Date: 12/20/10
Date: 12/28/10
Date: 12.23.10

Board Action Taken:

Motion: _____

1) _____ Aye/Nay
2) _____

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Business License #:

NV 2010413215 8340
11-2-09

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Submittal Date:

LL-11-27-09

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 type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit	
4	Entity Name KEI CORP.		Business Opening Date JAN 2010			
5	Business Name (DBA) KEI Sushi		EIN # 27-2781617			
6	Business Address 3220 HWY 50 E. #4		City CARSON CITY	State NV	Zip Code 89701	
8	Mailing Address 3220 HWY 50 E. #4		City CARSON CITY	State NV	Zip Code 89701	
9	Corporate Phone (775) 841-1102	Business Phone (775) 841-1102	Cellular Phone (530) 318-0733	Business Fax		
10	E-mail Address keisushi@hotmail.com		Business Website			
11	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
12	Last, First, MI DE LA ROSA SILVYA E.	Percent Owned 100%	Title PRESIDENT	Date of Birth 4/25/1978	SSN [REDACTED]	
	Residence Address (Street) 3328 DOG LEG DRIVE		City, State, Zip MINDEN, NV 89423		Residence Telephone (530) 318-0733	
	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	
	Manager/Liquor Manager SILVYA E. DE LA ROSA		<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number (530) 318-0733		
	Residence Address (Street) 3328 Dog Leg drive		City, State, Zip Minden, NV 89423			
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 Is a full service restaurant with all-you-can-eat sushi and a la carte menu that also offers beer and wine.					
Type of Liquor License Applying for (If applicable)						
14	<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
15	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement?		
16	List number of slot machines (If applicable)			List number of table games (If applicable)		
	<input type="checkbox"/> 1 cent _____	<input type="checkbox"/> Multi _____	<input type="checkbox"/> Craps _____	<input type="checkbox"/> Baccarat _____		
	<input type="checkbox"/> 5 cent _____	<input type="checkbox"/> Poker _____	<input type="checkbox"/> Roulette _____	<input type="checkbox"/> Race Book _____		
	<input type="checkbox"/> 25 cent _____	<input type="checkbox"/> Mega Buck _____	<input type="checkbox"/> Twenty-One _____	<input type="checkbox"/> Sports Book _____		
	<input type="checkbox"/> 1.00 _____		<input type="checkbox"/> Keno _____	<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					
18	Check One					
	<input checked="" type="checkbox"/>	I am not subject to a court order for the support of a child				
	<input type="checkbox"/>	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				
	<input type="checkbox"/>	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 *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 Yes	Has a Special Use Permit been obtained for this business location No
Will you be installing any outdoor signs Yes	Are there any existing signs of the property Yes
Will there be any outside storage (If yes, please explain items being stored and how being screened) No	
Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) No	
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

- 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

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 *[Signature]* Date 11/5/10

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 237.95
Square Footage	1944 sqft 13'	Business License Pro-rated Fee: 0
Number of Employees	14 86.10	Business License Application/Update Fee: 25.00
Health Fee	7500	Liquor License Annual Fee: 600.00
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines	CK NO: 1002 DATE: 11-5-10	Liquor License Application Fee: 500.00
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE:	287.95	Gaming License Quarterly Fee:
Payment Type	CH# 1002	Gaming License Application Fee:
Received By	SI	Fictitious Name Fee:
Date Applicant Fingerprinted	Date 11-5-2010	Health Pre-Inspection Fee: 25.00
	By	File #