

**Carson City  
Agenda Report**

**Date Submitted:** April 26, 2011

**Agenda Date Requested:** May 5, 2011

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License Division

**Subject Title:** Action to approve Kulvir Singh as the liquor manager for Discount Buy Smoke N Liquor (Liquor License #11-27262) located at 500 Hot Springs Rd., Carson City. (Jennifer Pruitt)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Kulvir Singh is applying to be listed as the liquor manager on the liquor license.

**Type of Action Requested:**

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

**Does This Action Require A Business Impact Statement:** ( ) Yes (X) No

**Recommended Board Action:** I move to approve Kulvir Singh as the liquor manager for Discount Buy Smoke N Liquor (Liquor License #11-27262) located at 500 Hot Springs Rd., 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


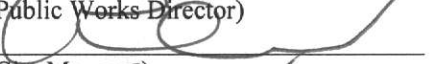
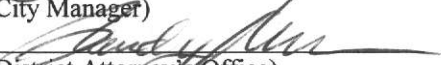

**Funding Source:** N/A

**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: 4-26-11  
Date: 4/26/11  
Date: 4/26/11  
Date: 4-26-11

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_ Aye/Nay  
2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

LL# 11-27262



**CARSON CITY LICENSE APPLICATION**

Business License #:

BL 27767

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

Submittal Date:

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input checked="" type="checkbox"/> Change of Corporate Officer	<input type="checkbox"/> Other
2	Type of License(s)		<input checked="" 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 Ranu Inc.			5	Business Opening Date April 2011
6	Business Name (DBA) Discount Buy Smoke N Liquor			7	EIN #
8	Business Address 506 Hot Springs Rd		City CC	State NV	Zip Code 89706
9	Mailing Address 1350 Stardust A-2		City Reno	State NV	Zip Code 89503
10	Corporate Phone	Business Phone	Cellular Phone	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 Singh Kulvir	Percent Owned	Title owner	Date of Birth 9-16-67	SSN [REDACTED]
Residence Address (Street) 500 Terracing Way		City, State, Zip Reno NV 89521	Residence Telephone 221-0714	
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		<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number	
Residence Address (Street)		City, State, Zip		

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  
taking Preet's name off business & liquor licenses.

14 Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<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)

<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 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 <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
<input type="checkbox"/>	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

<b>Miscellaneous Information</b>	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	Has a Special Use Permit been obtained for this business location
	Will you be installing any outdoor signs	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)	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

<b>Rules and Regulations</b>	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"> <li>• If any changes are made after completing said license application this office must be notified immediately and an updated is required.</li> <li>• 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</li> <li>• 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.</li> <li>• Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation</li> </ul>
	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 <u>Kuhir Singh</u> Date <u>April 15-11</u>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee		Business License Annual Fee: 164.13
Square Footage		Business License Pro-rated Fee: (123.11)
Number of Employees		Business License Application/Update Fee:
Health Fee		Liquor License Annual Fee:
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee:
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: 673.11		Gaming License Quarterly Fee:
Payment Type: ch# 100		Gaming License Application Fee:
Received By: SF	Date: 4-15-2011	Fictitious Name Fee: 200
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:

143<sup>11</sup> B/L  
500 L/L



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

Liquor License #  
**10-27262**

Submittal Date  
**7-21-2010**

<b>Applicant</b>	Business Owner's Name, LLC, or Corporation Name <b>RANU INC-</b>			Business Phone <b>775-772-8205</b>	
	Business Address <b>500 HOT SPRINGS RD CARSON CITY NV 89706</b>			Home Phone <b>775-221-0714</b>	
	Mailing Address <b>7205 BEACON DR</b>			Email Address	
	City <b>RENO</b>	State <b>NV</b>	Zip Code <b>89506</b>	Month Starting Liquor Sales	
	Fictitious Firm Name <b>DISCOUNT BUY SMOKE N LIQUOR</b>			Management Agreement on File?	
	List All Owners, Partners, or Corporate Officers below				
	Name and Title <b>SURINDER PREET</b>		Address <b>7205 BEACON DR</b>		Home Phone <b>775-322-7395</b>
	Name and Title <b>KULVIR SINGH</b>		Address <b>500 TERRACINA WAY</b>		Home Phone <b>775-853-1718</b>
	Name and Title		Address		Home Phone
	Are you familiar with Nevada Liquor Laws? <b>YES</b>			Have you ever obtained a Liquor License before; If yes, where?	

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 [Signature] Date 07/16/10  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**


<b>Office Use Only</b>	FEE STRUCTURE		COLUMN 1	FEE
	Dining Room with Beer and Wine Only			
	Dining Room with Hard Liquor			
	Tavern/Bar			
	General Wholesale Liquor			
	Packaged Liquor			<b>800<sup>00</sup></b>
	Comba - Packaged Liquor and On-Premise			
	Additional Bar(s) at Location			
TRACKING		BUSINESS LICENSE FEES		
Fire	Annual Fee	<b>800<sup>00</sup></b>		
Health	Pro-rated Fee			
Planning	Application Fee	<b>1000<sup>00</sup></b>		
Environmental	Investigation Fee	<b>575<sup>00</sup></b>		
Other	TOTAL FEES DUE	<b>1575<sup>00</sup></b>		<b>19302</b>

**FOR SHERIFF'S DEPARTMENT USE ONLY**

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



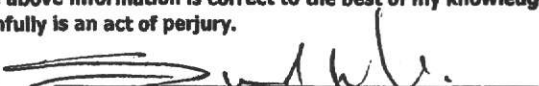
may

	<b>CARSON CITY BUSINESS LICENSE DIVISION BUSINESS LICENSE APPLICATION</b>		Business License #: <b>10-27767</b>		
			Submittal Date: <b>3/25/10</b>		
<b>Applicant</b>	Business Entity Name: <b>RANU INC.</b>		Month Starting Business: <b>05/01/10</b>		
	Fictitious Firm Name: <b>DISCOUNT BUY SMOKE N LIQUOR</b>		Federal Tax Identification #: <b>00-9029027-1681884</b>		
	Business Entity Type: <input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Non-Profit	<input checked="" type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited
	Business Address: <b>500 HOTSPRINGS RD</b>		City: <b>CARSON CITY</b>	State: <b>NV</b>	Zip Code: <b>89706</b>
	Mailing Address: <b>1350 STARDUST ST A-2</b>		City: <b>RENO</b>	State: <b>NV</b>	Zip Code: <b>89503</b>
	Business Phone Number:		Cell Phone Number: <b>775-772-8205</b>	State of Nevada Specialty License #:	
<b>List All Owners and Officers</b>	Last, First, MI: <b>SINGH KULVIR</b>	Percent Owned: <b>50%</b>	Title: <b>SECRETARY</b>	Date of Birth: <b>09/16/67</b>	SSN: [REDACTED]
	Residence Address (Street): <b>500 TERRACINA WAY</b>		City, State, Zip: <b>RENO NV 89521</b>	Residence Telephone: <b>221-0714</b>	
	Last, First, MI: <b>PREET SURINDER</b>	Percent Owned: <b>50%</b>	Title: <b>PRESIDENT</b>	Date of Birth: <b>07/23/76</b>	SSN: [REDACTED]
	Residence Address (Street): <b>1205 BEACON DR</b>		City, State, Zip: <b>RENO NV 89506</b>	Residence Telephone: <b>322-7395</b>	
	Last, First, MI:	Percent Owned:	Title:	Date of Birth:	SSN:
	Residence Address (Street):		City, State, Zip:	Residence Telephone:	
<b>Signers</b>	List Authorized Signers on behalf of the Business (For Contractors Only):			<div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">PAID</div>	
				CK. NO. <b>3012</b>	DATE <b>3/25/10</b>
Describe in Detail the Nature of your Business in Nevada <b>Tobacco, Liquor beer wine, Grocery + Beverages, Souvenirs.</b>					

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: (109.98) may - Dec 200
Number of Employees <b>12</b>	2.50	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		<b>TOTAL FEES DUE: 179.98</b>

<b>Child Support Data</b>	<b>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.)</b>	
	<input type="checkbox"/>	I am not subject to a court order for the support of a child
	Check One: <input checked="" type="checkbox"/>	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
	<input type="checkbox"/>	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

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

<b>Rules and Regulations</b>	<b>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</b>	
	<ul style="list-style-type: none"> <li>• If any changes are made after completing said business license application this office must be notified immediately and a new business license is required</li> <li>• A business license is issued to a given owner at a <b>SPECIFIC LOCATION</b> and is <b>NON-TRANSFERRABLE</b> to a different owner or different location</li> <li>• 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</li> <li>• Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation</li> </ul>	
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 <b>03/25/10</b>

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