

**Carson City  
Agenda Report**

**Date Submitted:** May 24, 2011

**Agenda Date Requested:** June 2, 2011

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Business License Division

**Subject Title:** Action to approve Jesus Navarrete as the liquor manager for Los Caporales Supermarket (Liquor License #11-28622) located at 1621 Hwy 50 East, Carson City. (Jennifer Pruitt)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Jesus Navarrete 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 (X) No

**Recommended Board Action:** I move to approve Jesus Navarrete as the liquor manager for Los Caporales Supermarket (Liquor License #11-28622) located at 1621 Hwy 50 East, 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

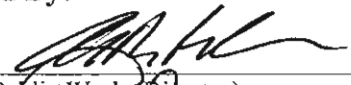
**Funding Source:** N/A

**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

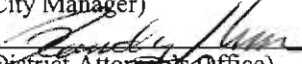
**Reviewed By:**

  
\_\_\_\_\_  
(Public Works Director)

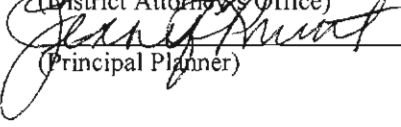
Date: 5-24-11

  
\_\_\_\_\_  
(City Manager)

Date: 5/24/11

  
\_\_\_\_\_  
(District Attorney's Office)

Date: 5/24/11

  
\_\_\_\_\_  
(Principal Planner)

Date: 5-24-11

**Board Action Taken:**

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

1) _____	Aye/Nay
2) _____	_____
	_____
	_____
	_____
	_____

\_\_\_\_\_  
(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 #: 11-28622

Submittal Date: 3-21-2011

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 checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input 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 PIN REY ENTERPRISES INC DBA			5	Business Opening Date 04/01/2011
6	Business Name (DBA) LOS CAPORALES SUPERMARKET			7	EIN #
8	Business Address 1621 US HIGHWAY 50 EAST		City CARSON CITY	State NV	Zip Code 89701
9	Mailing Address SAME		City	State	Zip Code
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 REYNOSO EVANGELINA	Percent Owned 49.90	Title Sec	Date of Birth 08/19/1940	SSN [REDACTED]
	Residence Address (Street) 2427 E. NORMANDY DR		City, State, Zip ANAHEIM CA 92806		Residence Telephone 714-981-6808
	Last, First, MI Navarrete Jesus	Percent Owned 51.90	Title Director Liquor mgr	Date of Birth 11-12-65	SSN [REDACTED]
	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 Jesus Navarrete		<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 775-885-6900	
	Residence Address (Street) 1648 Sawtooth trail		City, State, Zip Keno NV 89512		
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 MEAT MARKET, GROCERY STORE,				
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 type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input checked="" 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 N/A				
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	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	

YES  
 YES  
 NO  
 NO  
 N/A

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"> <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> <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>Evangelina Reyes</u> Date: <u>03/17/2011</u></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 246.50
Square Footage	96.90	Business License Pro-rated Fee: (199.87)
Number of Employees <del>15</del>	30.75	Business License Application/Update Fee: 25.00
Health Fee	75.00	Liquor License Annual Fee:
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin-Operated Machines	N/A	Liquor License Application Fee:
Number of Slot Machines	N/A	Liquor License Investigation Fee:
TOTAL FEES DUE: 269.87		Gaming License Quarterly Fee: N/A
Payment Type: CH# 109		Gaming License Application Fee: N/A
Received By: SE	Date: 3/21/2011	Fictitious Name Fee: 00.00
Date Applicant Fingerprinted	By: File #	Health Pre-Inspection Fee: 25.00



# CARSON CITY LICENSE APPLICATION

Business License #:

11-27604

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

Submittal Date: 4/2/2011

LLH#

1	<input 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 checked="" 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 type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name	Pinney Impress, Inc.			5 Business Opening Date
6	Business Name (DBA)	Los Angeles Supermarkets			7 EIN #
8	Business Address	1621 Arwy 50 E suit G	Carson City	NV	89701
9	Mailing Address	SAME			
10	Corporate Phone	(775) 885 8900	Business Phone	SAME	
	Cellular Phone	(916) 721-4880		Business Fax	(775) 885 6970
11	E-mail Address	jnz22@sbcglobal.net			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
	JESU NAVARRETE	51	Liquor Manager Director	11-12-85	[REDACTED]
	Residence Address (Street)	1621 Arwy 50 E. suit G		Carson City 89701	Residence Telephone 775-721 4880
	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					
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	<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)		
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	<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				
	_____ 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 <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				
	_____ 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				

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	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	

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	<p>Applicant's Signature <u><i>James Lawrence Sr</i></u> Date <u><i>4/21/11</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>900<sup>00</sup> (Combo)</i>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <i>1000<sup>00</sup></i>
Number of Slot Machines		Liquor License Investigation Fee: <i>500<sup>00</sup></i>
TOTAL FEES DUE: <i>1500<sup>00</sup></i>		Gaming License Quarterly Fee:
Payment Type <i>CHE 1006</i>		Gaming License Application Fee:
Received By <i>SO</i>	Date <i>4/21-2011</i>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: