Carson City Agenda Report

Date Submitted: July 18, 2012 Agenda Date Requested: August 2, 2012 Time Requested: 10 minutes To: Liquor and Entertainment Board From: Business License Division Subject Title: For possible action to approve Heriberto Muro, liquor manager for Centro Market (Liquor License #13-22756) located at 2765 Hwy 50 E, Ste A, to relocate to 2794 Hwy 50 E., Carson City. (Lena Reseck) **Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Heriberto Muro, owner of Centro Market, currently possesses a Carson City liquor license for the current location of 2765 Hwy 50 E, Suite A, Carson City and is requesting to relocate to 2794 Hwy 50 E., Carson City. 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 Heriberto Muro, liquor manager for Centro Market (Liquor License #13-22756) located at 2765 Hwy 50 E, Ste A to relocate to 2794 Hwy 50 E., Carson City. (Lena Reseck) 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) Denv

Supporting Material: 1) Carson City Liquor License Application

2) Applicable Correspondence

Board Action Report - Liquor License Muro - Centro Market August 2, 2012 Page 2

Reviewed By:	
(City Manager) (District Attorney Soffice) (Principal Planner) (Finance Director)	Date: $7-24-12$ Date: $7-34-72$ Date: $7/24/12$ Date: $7/24/12$
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 wi

	Business License #: 12 22 755
ili	14/2-22756

1400 300/1/		-			A STATE OF THE PARTY OF THE PAR				
,		not be ac	cepted. Appl	ications must bear	an original signature	Submittal Date:	1-01-2013)	
1	□ New I	Business	Change c	of Location/Mailing	☐ Change of Name	□ Change of Corp	porate Officer	□ Other	
2	Type of License(s)		2	Business	□ Short-Term	□ Gam	ing	Liquor	
3	Type of Entity	□ Sole Pro	oprietor	□ Corporation	© Partnership	Limited Liabil	ity Company	□ Non-Profit	
E	Entity Name	MAY, LLC				Business Op	9/	5/2012	
6	Business Name (DI	BA) ENTRO L	IARKE	T		EIN# 35	5-2266	302	
8	Business Address	794 Hw	y 50 L	EAST	City CARSON CITY		Zip Code Zin Code	701	
9	Mailing Address	794 Hwy			City (ARSON CITY	State	Zip Code		
10	Corporate Phone		Business Phon		Cellular Phone 775. 971 83	Business Far			
11	E-mail Address			rnet.net	Business Website	Marie Indiana desire			
12				additional pages if req					
	Last, First, MI	<i>j</i>		Percent Owned	Title	Date of Birth	SSN		
	Muro.	Heriber	to	100%	Member-OWNE	6/5/74			
	Muso Residence Address 9630 Bro	(Street)	1-4-106-	200	City, State, Zip ElkGrove, Cl	A GEZEZ	Residence Tele		
	Last, First, MI	Verine va	100	Percent Owned	Title	Date of Birth	77597/ SSN	8537	
	Residence Address	(Street)			City, State, Zip		Residence Tele	phone	
	Last, First, MI			Percent Owned	Title	Date of Birth	SSN		
		(544)					7.		
	Residence Address				City, State, Zip		Residence Tele	phone	
	Manager/Liquor M	lanager			□ On-Site □ Off-Site	Contact Photo	ne Number		
Residence Address (Street)			City, State, Zip						
	Pursuant to NRS	244.33507 and 42	U.S.C. Sec. 66	66, you are required	to provide your social secu	urity number on the app	lication for a lice	nsc, permit, or	
	the paternity of a	purpose of determ child or to establi	nining whethe ish or enforce	er or not you have fai an obligation for the	ifed to comply with a subpersupport of a child or you	oena or warrant relating are in arrears in the pay	g to a proceeding yment for the sup	to determine port of one or	
13	more children Describe in detail	the activity of yo	ur business				1 Nugust	201	
	Grocer	y Market	Baker	~ Meat M.	arket, Tagueria	L. Check Cash	Mone Mone	Transfer	
	Type of Liquor Li				1	7 070-10-10-1	0/	y parates	
4	□ Tavern/Bar	☐ Dining Room Wine C		□ Packaged Liquor	□ Dining Room w/Hard Liquor	Combo (On-Premis & Pkg)	se 🗆 Genera	ał Wholesale	
5	il Catering	□ Additio	nal Wet Bars	=======================================	Will there be an Interim N	Management Agreemen	1? N/A		
6	List number of slo	ot machines (If ap	plicable) A	V/A	List number of table game	es (If applicable)	1/A		
	□ 1 cent □ 5 cent		□ Multi		Craps	Baccarat	<u> </u>		
	□ 25 cent □ 1.00		☐ Poker ☐ Mega Buck	<u> </u>	☐ Roulette ☐ Twenty-One	□ Race Bool □ Sports Bo			
		- to a change of h	ineco name I	tecation or ownership	Keno , list the previous name, add	Poker			
					Hwy 50 East		City NV	89701	
18			I am not subjec	et to a court order for	the support of a child				
	Check One				support of one or more chile ency enforcing the order for				
I am subject to a court order for t				support of one or more child	-				

_	TDIagga an area	- this coation if having a late of the state of th					
_	contact the P	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					
Miscellaneous Information	Is your business location zoned for this type of business		Has a Special Use Permit been obtained for this business location				
	Yes.		MALE TO SET CHAIR DEED ODIZINES TO CHILD				
	Will you be installing any outdoor signs		Are there any existing signs of the property				
	yes.						
1 8	Will there be any outside storage (If yes, please explain items being stored and how being screened)						
l a	No.						
[∄	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)						
lis E		off BUZU VAN TRYCK, 2	794 Hwy 50 East Carson City NV 89701				
≥	Please list the q	uantities, types, and storage location of any chemicals or	hazardous materials that will be used for this business				
Щ	NIM						
The second second							
	I, the undersigned understand that I cannot operate my business until my license is actually issued by this office indicating approval by all necessary						
П							
Regulations	•	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-					
園		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						
and		applied penalties and is grounds for the revocation	of the license.				
es a		Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation					
Rufes	•	El					
"	I hereby certify	that the above information is correct to the best of m	y knowledge and belief. I understand that failure to complete this form				
	truthfully is an		7.				
	Applicant's S	ignature ## # ~ ~	Date 7/6/12				
			7000				

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FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee		Business License Annual Fee:
Square Footage 9K	129.45 (4	2.71 Business License Pro-rated Fee: 28.79 (Sept-Dec)
Number of Employees 12	6.08	Business License Application/Update Fee: 25
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:
TOTAL FEES DUE: 18	79	Gaming License Quarterly Fee:
Payment Type Claff 1466	,[Gaming License Application Fee:
Received By	Date 7-9-2012	Fictitious Name Fee:
Date Applicant Fingerprinted	By File#	Health Pre-Inspection Fee:
		25.00