

**Carson City
Agenda Report**

Date Submitted: September 11, 2012

Agenda Date Requested: September 20, 2012

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: For possible action to approve Rakesh Salhotra as the liquor manager for Cigarettes For Less (Liquor License #13-29164) located at 2182 E. William St., Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Rakesh Salhotra wants to add packaged liquor sales to the business.

Type of Action Requested:

☐ Resolution

☒ Formal Action/Motion

☐ Ordinance

☐ Other (Specify)

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

Recommended Board Action: I move to approve Rakesh Salhotra as the liquor manager for Cigarettes For Less (Liquor License #13-29164) located at 2182 E. William St., 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

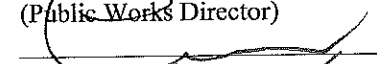
Alternatives: 1) Refer back to the Business License Division, or
2) Deny

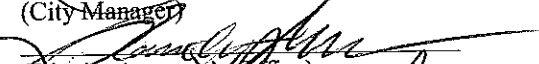
Supporting Material: 1) Carson City Liquor License Application
2) Carson City Sheriff's Office Background Investigation

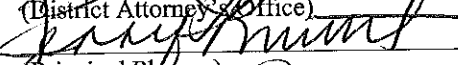
Prepared By: Lena Reseck, Senior Permit Technician

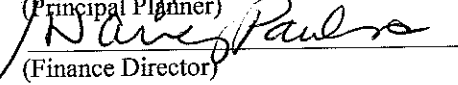
Reviewed By:



(Public Works Director)


(City Manager)


(District Attorney's Office)


(Principal Planner)


(Finance Director)

Date: 9/11/12
Date: 9/10/12
Date: 9/11/12
Date: 9-10-12
Date: 9/11/12

Board Action Taken:

Motion: _____

1)	_____	Aye/Nay
2)	_____	_____

(Vote Recorded By)

LL# 13-29164

		CARSON CITY LICENSE APPLICATION		Business License #:	
		Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature		BL 25684	
				Submittal Date: 8-6-2012	
1	☐ New Business	☐ Change of Location/Mailing	☐ Change of Name	☐ Change of Corporate Officer	☐ Other
2	Type of License(s)	☐ Business	☐ Short-Term	☐ Gaming	☒ Liquor
3	Type of Entity	☐ Sole Proprietor	☒ Corporation	☐ Partnership	☐ Limited Liability Company ☐ Non-Profit
4	Entity Name RN Salhotra Enterprises Inc.			5	Business Opening Date 4-4-08
6	Business Name (DBA) Cigarettes For Less			7	EIN # P10 268-0910604
8	Business Address 2182 E. Williams St		City Carson City	State NV	Zip Code 89701
9	Mailing Address 350 Elm Ave		City Auburn	State CA	Zip Code 95603
10	Corporate Phone 530-301-3005	Business Phone 775-883-3867	Cellular Phone	Business Fax 775-883-3185	
11	E-mail Address rocky.salhotra@gmail.com			Business Website	
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI Salhotra, Rakesh K	Percent Owned 100%	Title owner	Date of Birth 12-26-70	SSN [REDACTED]
	Residence Address (Street) 2969 Frigate Bird Dr		City, State, Zip Sacramento CA 95834		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
	Manager/Liquor Manager Leslie A. Guagliardo		☒ On-Site ☐ Off-Site	Contact Phone Number [REDACTED]	
	Residence Address (Street) 2950 Airport Rd Sp 33		City, State, Zip Carson City NV 89706		
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 Selling cigarettes (adding liquor sales)				
	Type of Liquor License Applying for (if applicable)				
14	☐ Tavern/Bar	☐ Dining Room w/Beer and Wine Only	☒ Packaged Liquor	☐ Dining Room w/Hard Liquor	☐ Combo (On-Premise & Pkg)
15	☐ Catering	☐ 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)		
	☐ 1 cent	☐ Multi	☐ Craps	☐ Baccarat	
	☐ 5 cent	☐ Poker	☐ Roulette	☐ Race Book	
	☐ 25 cent	☐ Mega Buck	☐ Twenty-One	☐ Sports Book	
	☐ 1.00		☐ Keno	☐ 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 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 <u>yes</u>	Has a Special Use Permit been obtained for this business location <u>N/A</u>
	Will you be installing any outdoor signs <u>N/A</u>	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>NO</u>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <u>N/A</u>	

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 <u>R. Long/Luttrell</u> Date <u>7/31/12</u>

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: <u>800.00</u>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <u>1000.00</u>
Number of Slot Machines		Liquor License Investigation Fee: <u>500.00</u>
TOTAL FEES DUE: <u>1500.00</u>		Gaming License Quarterly Fee:
Payment Type <u>CASH</u>		Gaming License Application Fee:
Received By <u>[Signature]</u>	Date <u>8-10-2012</u>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee: