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) Date: 9/11/12

(City Manager) Date: 9/11/12

(District Attorney's Office) Date: 9/11/12

(Principal Planner) Date: 9-10-12

(Finance Director) Date: 9/11/12

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay

2) _____

_____

_____

_____

_____

_____

_____
(Vote Recorded By)

LL# 13-29164

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 #: 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 # FID 26-0910604

8 Business Address: 2182 E. Williams St | City: Carson City | State: NV | Zip Code: 89701

9 Mailing Address: 950 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	Percent Owned	Title	Date of Birth	SSN
Salhotra, Rakesh K	100%	owner	12-26-70	[redacted]
Residence Address (Street)		**City, State, Zip**		**Residence Telephone**
2969 Frigate Bird Dr		Sacramento CA 95834		
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) | ☐ General Wholesale

15 ☐ Catering | ☐ Additional Wet Bars _____ | Will there be an Interim Management Agreement?

16 List number of slot machines (If applicable)

☐ 1 cent _____ ☐ 5 cent _____ ☐ 25 cent _____ ☐ 1.00 _____ ☐ Multi _____ ☐ Poker _____ ☐ Mega Buck _____

List number of table games (If applicable)

☐ Craps _____ ☐ Roulette _____ ☐ Twenty-One _____ ☐ Keno _____ ☐ Baccarat _____ ☐ Race Book _____ ☐ Sports Book _____ ☐ 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

X 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 *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: N/A
Will you be installing any outdoor signs: N/A	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: N/A	

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 R. [illegible] Date 7/31/12

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: 800.00
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: 100.00
Number of Slot Machines		Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: 1500.00		Gaming License Quarterly Fee:
Payment Type Ck# 1899		Gaming License Application Fee:
Received By SLH	Date 8-10-2012	Fictitious Name Fee:
Date Applicant Fingerprinted	By / File #	Health Pre-Inspection Fee: