Carson City
Agenda Report

Date Submitted: May 28, 2013

Agenda Date Requested: June 6, 2013
Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: For possible action to approve Francisco Paredes as the liquor manager for Mi Casa Too (Liquor License #13-29690) located at 3809 N. Carson St., Carson City. (Lena Reseck)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Francisco Paredes is purchasing the business and will be the liquor manager. He is applying for a dining room with hard liquor license. Staff is recommending approval.

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 Francisco Paredes as the liquor manager for Mi Casa Too (Liquor License #13-29690) located at 3809 N. Carson 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: 5-29-13

(City Manager) Date: 5/28/13

(District Attorney's Office) Date: 5/28/13

(Principal Planner) Date: 5-28-13

(Finance Director) Date: 5/28/13

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 #: LL# 13-29997 / 13-29690

Submittal Date: 4-22-2013

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: F & R PAREDES LLC		5	Business Opening Date: APR 2013
6	Business Name (DBA): MI CASA TOO		7	EIN #: 80-0914980
8	Business Address: 3809 N. CARSON ST.	City: CARSON	State: NV	Zip Code: 89706
9	Mailing Address: SAME	City:	State:	Zip Code:
10	Corporate Phone:	Business Phone: 882 4080	Cellular Phone: 846 5918	Business Fax: 882 5956
11	E-mail Address:		Business Website:	

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

Last, First, MI: PAREDES FRANCISCO	Percent Owned: 100%	Title: MGR	Date of Birth: NOV 12 1952	
Residence Address (Street): 9370 OAKLEY CT		City, State, Zip: RENO NV 89521		Residence Telephone: 851 4458
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:		☑ On-Site ☐ Off-Site		Contact Phone Number: 882 - 4080
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

RESTAURANT -

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? YES	

16	List number of slot machines (If applicable)	List number of table games (If applicable)
	☐ 1 cent _____ ☐ 5 cent _____ ☐ 25 cent _____ ☐ 1.00 _____ Multi _____ ☐ Poker _____ ☐ Mega Buck _____	☐ 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

✓	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: NO
Will you be installing any outdoor signs: NO	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 _____ Date 4-19-13

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	638525 **	Business License Annual Fee: 347.25
Square Footage	96.90	Business License Pro-rated Fee: 260.44 April-Dec
Number of Employees x10	61.50	Business License Application/Update Fee: 25.00
Health Fee	125.00	Liquor License Annual Fee:
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: 1000.00 **
Number of Slot Machines		Liquor License Investigation Fee: 500.00 **
TOTAL FEES DUE: 1830.44		Gaming License Quarterly Fee:
Payment Type Ck#6161		Gaming License Application Fee:
Received By SW	Date 4-24-2013	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted	By / File #	Health Pre-Inspection Fee: 25.00

Memorandum

TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: May 21, 2013

RE: June 6, 2013 Meeting – Mi Casa Too Liquor License

On Tuesday, May 21, 2013 an inspection of Mi Casa Too (bar and restaurant), located 3809 N. Carson Street, was conducted. At the time of inspection the premises met CCHHS standards and received approval by this department. Please contact CCHHS with any questions or concerns.

Phone: (775)887-2190
Fax: (775)887-2248

Dustin Boothe
Environmental Health Program Manager

Becky W. Purkey
Environmental Health Specialist II

Copied:
Lena Reseck, Business License