

**Carson City
Agenda Report**

Date Submitted: October 8, 2013

Agenda Date Requested: October 17, 2013

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Community Development - Business License Division

Subject Title: For possible action to approve Celia Posada as the liquor manager for Sun Valley Smoke Shop, Inc. dba Cigarettes for Less (Liquor License #14-29790) located at 2182 E William St. (Lena Reseck)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Sun Valley Smoke Shop, Inc. dba Cigarettes for Less is purchasing the business from the current owner. The business will have retail sales of tobacco and packaged liquor. Celia Posada is an owner of the business and will also be the liquor manager. Sun Valley Smoke Shop, Inc. dba Cigarettes for Less is applying for a packaged 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 Celia Posada as the liquor manager for Sun Valley Smoke Shop, Inc. dba Cigarettes for Less (Liquor License #14-29790) located at 2182 E William St.

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:



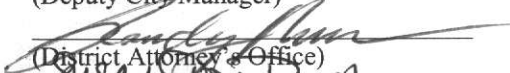
(City Manager)

Date: 10/8/13

MARINA G. WOLK

(Deputy City Manager)

Date: 10/8/13



(District Attorney's Office)

Date: 10/8/13

SHARON STANSKY

(Planning Manager)

Date: 10.4.13

THOMAS P. LIT

(Finance Director)

Date: 10/8/13

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Business License #: 13-30245

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

Liq Lic # 14-29790

Submittal Date: 9/18/2013

<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 checked="" type="checkbox"/> Other
Type of License(s)		<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming
Type of Entity	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company

Entity Name		Business Opening Date	
Sun Valley Smoke Shop, Inc		August 12, 2013	
Business Name (DBA)		EIN #	
Cigarettes for less		26-1705625	
Business Address	City	State	Zip Code
2182 E. Williams St	Carson City	NV	89701
Mailing Address	City	State	Zip Code
5476 Sun valley Blvd	Sun Valley	NV	89433
Corporate Phone	Business Phone	Cellular Phone	Business Fax
775-674-1900	775-883-3867		775-673-3593
E-mail Address		Business Website	
GPIoly@gmail.com			

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

Last, First, MI	Percent Owned	Title	Date of Birth	Residence Telephone
Posada, Celia	50%	Treasurer	08/20/	818-364-8682
Residence Address (Street)		City, State, Zip		
15554 Olden St		Sylmar CA 91342		
Last, First, MI	Percent Owned	Title	Date of Birth	Residence Telephone
Posada, Conzales	50%	President	11/10/1947	209-412-8038
Residence Address (Street)		City, State, Zip		
15554 Olden St		Sylmar CA 91342		
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone
Manager/Liquor Manager		<input checked="" type="checkbox"/> On-Site	Contact Phone Number	
Shannon Miles		<input type="checkbox"/> Off-Site	775-220-2040	
Residence Address (Street)		City, State, Zip		
404 Boulder Dr.		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
Retail Convenience Store that sells Tobacco, Package liquor/Beer, and Novelty Items.

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 checked="" type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
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15. Will there be an Interim Management Agreement?
 Catering Additional Wet Bars _____

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
Previous owner: RAKESH SALHOTRA 350 ELM AVE. AUBURN, CA 95603

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 <i>YES</i>	Has a Special Use Permit been obtained for this business location <i>NO</i>
	Will you be installing any outdoor signs <i>Possibly</i>	Are there any existing signs of the property <i>YES</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>NO</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>NO</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>N/A</i>	

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"> • 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
	<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><i>Pelina Pasada</i></u> Date <u><i>8/15/13</i></u></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	<i>63.85</i>	Business License Annual Fee: <i>95.30</i>
Square Footage <i>1300</i>	<i>13.00</i>	Business License Pro-rated Fee: <i>40.03</i>
Number of Employees <i>3</i>	<i>18.45</i>	Business License Application/Update Fee: <i>25.00</i>
Health Fee		Liquor License Annual Fee: <i>800</i>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <i>1000.00</i>
Number of Slot Machines		Liquor License Investigation Fee: <i>500.00</i>
TOTAL FEES DUE: <i>1585.03</i>		Gaming License Quarterly Fee:
Payment Type <i>#8491</i>		Gaming License Application Fee:
Received By <i>Resch</i>	Date <i>9/18/13</i>	Fictitious Name Fee: <i>20.00</i>
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:

Memorandum

TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: September 20, 2013

RE: Cigarettes For Less - Liquor License Application



On Friday, September 20, 2013 an inspection of Cigarettes For Less, located 2182 E. William Street, was conducted. At the time of inspection the premises met Carson City Health & Human Services (CCHHS) standards for prepackaged alcohol sales. This establishment currently meets exemption requirements addressed in NRS 446.042 and will not be issued a CCHHS Health Permit.

Phone: (775)887-2190

Fax: (775)887-2248

Dustin Boothe 
Environmental Health Program Manager

Marissa Ure 
Environmental Health Specialist I

Copied:
Lena Reseck, Business License