Carson City Agenda Report

Date Submitted: April 8, 2014 Agenda Date Requested: April 17, 2014 Time Requested: 10 minutes To: Liquor and Entertainment Board From: Community Development - Business License Division **Subject Title:** For possible action to approve Silvia Martinez as the liquor manager for Lupita's Mexican Restaurant (Liquor License #14-30002) located at 1939 N. Carson St. (Lena Reseck) Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. The liquor license will be a dining room with hard liquor. Silvia Martinez is the owner of the restaurant. Staff is recommending approval. **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 Silvia Martinez as the liquor manager for Lupita's Mexican Restaurant (Liquor License #14-30002) located at 1939 N. Carson 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 Health and Human Services Inspection Report 3) Carson City Sheriff's Office Background Investigation

Board Action Report - Liquor License Martinez – Lupita's Mexican Restaurant April 17, 2014 Page 2

| Prepared By: Lena Reseck, Senior Permit Techni | cian | |
|---|-------|---------|
| Reviewed By: | | |
| (District Attorney Softice) (Planning Manager) (Finance Director) | Date: | 4/8/14 |
| Board Action Taken: | | |
| Motion: | 1) | Aye/Nay |
| | | |
| (Vote Recorded By) | | |

| | CARSON CITY LICENSE APPLICATION Please type or print in black ink; Incomplete or illegible applications will | | Business License #: | | | | |
|--------------------|---|-------------------------|-----------------------------|--|-------------------------------|------------------|-----------------|
| | | | illegible applications will | BL-14-30499 | | | |
| | | - | • | an original signature | Submittal Date: | ~ (U2) | AU |
| New | Business | □ Change o | f Location/Mailing | Change of Name | □ Change of Corpo | rate Officer | □ Other |
| 2 Type of I | icense(s) | 2 | Business | □ Short-Term | □ Gamin | g | Liquor |
| 3 Type of Entity | Sole Pro | oprietor | ☐ Corporation | ☐ Partoership | ☐ Limited Liability | y Company | □ Non-Profit |
| Entity Name | 40000 | 1 11 1 | 0:+/1/6> | | Business Open | ing Date | |
| Business Name (D. | BA) | | RTINEZ | | 5 EIN# | | |
| Business Address | MEXICA. | N KES | TAVRANT | City | State | Zip Code | |
| 8 1939 N | <u>VOFTA</u> | Carson | n st. | <u>carsoncit</u> | Nevasa | 89 | 701 |
| Mailing Address | orth Car | rson s | <i>t</i> | Carson city | Nevado | Zip Code | 701 |
| Corporate Phone | | Business Phon | 3355 | Cellular Phone | Business Fax | | |
| E-mail Address | a Salain | 2/04@1 | 101-20 704 | Business Website | 7.5 | | |
| | r(s), or other Princ | $\lambda \cup 1 \cup 1$ | dditional pages if req | uired | 10000 | | |
| Last, First, MI | (ne - C | 5.7. | Percent Owned | Title OLLLO RE | Date of Birth | | |
| Residence Address | (Street) | 21/V.Q | 1_14) | City, State, Zip | 08-10-65 | Residence Telep | phone |
| 1774 B | raiswoo | 20 Dr | | Sparks N | evala 89436 | 775)997 | _ |
| Last, First, MI | | | Percent Owned | Title | Date of Birth | SSN | |
| Residence Address | (Street) | | L | City, State, Zip | | Residence Telep | hone |
| Last, First, MI | | | Percent Owned | Title | Date of Birth | SSN | |
| Residence Address | (Street) | | | City, State, Zip | | Residence Telep | ohone |
| Manager/Liquer M | ne25 | 11/1/01 | | □ On-Site □ Off-Site | Contact Phone | Number 78 | |
| Residence Address | (Street) | EN DY | | City, State, Zip | 84436 | | |
| | | | | to provide your social secur | ity number on the applic | | |
| | | - | • | iled to comply with a subpoo support of a child or you a | | | |
| Describe in detail | | | | | | | |
| Resta | Want | fam | ily | | | | |
| Type of Liquor L | | | 1 | \ | | | |
| □ Taveru/Bar | □ Dining Room Wine (| | □ Packaged Liquor | Dining Room w/Hard Liquor | □ Combo (On-Premise & Pkg) | U Gелега | d Wholesale |
| □ Catering | □ Additio | nal Wet Bars | | Will there be an Interim M | anagement Agreement? | | |
| List number of sle | ot machines (If ap | plicable) | | List number of table games | (If applicable) | | |
| ☐ 1 cent | | □ Multi | _ | □ Craps □ Roulette | ☐ Baccarat ☐ Race Book _ | | |
| □ 25 cent | | □ Poker □ Mega Buck | | Twenty-One | □ Sports Book | · | |
| 1.00 | | | and the | Keno | Poker | | |
| ы тиз аррисатия | s tor a change of b | usiness name, k | ocation, or ownership | , list the previous name, addr | ess, and owner below | | |
| 3 | SHUV | I am not subjec | t to a court order for | the support of a child | | | |
| Check One | | | | support of one or more child ency enforcing the order for t | | | |
| | | I am subject to | a court order for the | support of one or more child | ren and am not in complia | ince with a plan | approved by the |
| | | District Attorn | ey or other public age | ency enforcing the order for t | he repayment of the amou | nt owed pursuan | it to order |

| Г | Please answer | 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 | ls your business | ocation zoned for t | his type of business | Has a Special Use Permit been obtained for this business location | _ | | |
| € | Ves | | | | | | |
| [월 | you be insta | lling any outdoor si | gns | Are there any existing signs of the property | _ | | |
| S | | | | yes | | | |
| [8 | Will there be any outside storage (If yes, please explain items being stored and how being screened) | | | | | | |
| ano | _ N / A· | | | | | | |
| हु | Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) | | | | | | |
| Ţį. | Distribution of the control of the c | | | | | | |
| ^ | Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business Westawiant Suplacs. | | | | | | |
| | wester runt soproces. | | | | | | |
| | I the undersion | d wadowstand that | 47 | | _ | | |
| | 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 | | | | | | |
| | · · | | | | | | |
| ns | • | If any changes are made after completing said license application this office must be notified immediately and an updated is required. | | | | | |
| Regulation | • | 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 | | | | | |
| egn | | Non-neumont of annual and quarterly hydroge lieuws lieuws Reene and/or semior lieuws for hydroge 11 annual 1- | | | | | |
| and R | • | 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. | | | | | |
| Rules a | Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation | | | | | | |
| R | I hereby certify t truthfully is an a | that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form act of perjury. | | | | | |
| Land Standard | | | | Date 3-12-14 | | | |
| | Applicant's Signature Date 3-13-17 | | | | | | |
| | | | | | | | |
| | FEE STRU | CTURE | FEE | LICENSE TOTAL FEES | | | |
| | | | | | | | |

| FEE STRUCTURE | FEE | LICENSE TOTAL FEES |
|----------------------------------|---------------|--|
| Business License Fee | (03.85 | Business License Annual Fee: 045.70 |
| Square Footage | 32,25 | Business License Pro-rated Fee: 203 (13) March |
| Number of Employees | 24,60 | Business License Application/Update Fee: |
| 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: |
| Number of Slot Machines | | Liquor License Investigation Fee: |
| TOTAL FEES DUE: | 3,93 | Gaming License Quarterly Fee: |
| Payment Type | 213 | Gaming License Application Fee: |
| Received By | Date 3 14-204 | Fictitious Name Fee: |
| Date Applicant Fingerprinted | By File # | Health Pre-Juspection Fee; |
| | | 25.00 |

Memorandum

TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: March 17, 2014

RE: Lupita's Liquor LICENSE



On March 17, 2014 an inspection of LUPITA's, located 1939 N. Carson St., was conducted. At the time of the inspection the premises met CCHHS standards for restaurant operation and retail sales of alcoholic drinks. No violations at the time of the inspection.

They have the approval of this department. Please contact CCHHS with any questions or concerns.

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

Dustin Boothe Environmental Health Program Manager

Robert Elliott Environmental Health Specialist II

Marissa Ure Environmental Health Specialist I

Copied:

Lena Reseck, Business License