

**Carson City  
Agenda Report**

**Date Submitted:** February 24, 2015

**Agenda Date Requested:** March 5, 2015

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Community Development - Business License Division

**Subject Title:** For possible action to approve Richard Tran as the liquor manager for Carson Best Pho, Inc. dba Viet Pho (Liquor License #15-30522) located at 444 E. William Street, Ste 6. (Lena Reseck)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Carson Best Pho, Inc. dba Viet Pho is applying for a dining room with beer and wine only. 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 Richard Tran as the liquor manager for Carson Best Pho, Inc. dba Viet Pho (Liquor License #15-30522) located at 444 E. William Street, Ste 6.

**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

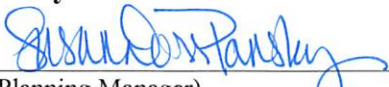
**Funding Source:** N/A

**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

**Prepared By:** Lena Reseck, Senior Permit Technician

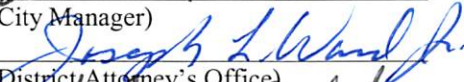
**Reviewed By:**

  
\_\_\_\_\_  
(Planning Manager)

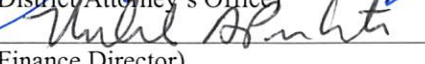
Date: 2.24.15

  
\_\_\_\_\_  
(City Manager)

Date: 2/24/15

  
\_\_\_\_\_  
(District Attorney's Office)

Date: 2/24/15

  
\_\_\_\_\_  
(Finance Director)

Date: 2/24/15

**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 #: *Liquor*  
**15-30522**

Submittal Date: **2/10/15**

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

Entity Name	<b>CARSON BEST PHO</b>			Business Opening Date	<b>11-15-2013</b>
Business Name (DBA)	<b>VIETPHO</b>			EIN #	
Business Address	<b>444 E William St #6</b>	City	<b>CARSON</b>	State	<b>NV</b>
Mailing Address		City		State	
Corporate Phone	<b>775 240 7072</b>	Business Phone	<b>775 410 7550</b>	Cellular Phone	
E-mail Address	<b>VIETPHOCARSON@GMAIL.COM</b>			Business Fax	<b>775 410 7551</b>

Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
Last, First, MI	Percent Owned	Title	Date of Birth	[Redacted]	
<b>TRAN RICHARD</b>	<b>50%</b>	<b>PRESIDENT</b>	<b>07/30/55</b>	[Redacted]	
Residence Address (Street)	City, State, Zip	Residence Telephone			
<b>10505 Dillingham dr</b>	<b>RENO NV 89521</b>	<b>775 410 9910</b>			
Last, First, MI	Percent Owned	Title	Date of Birth	[Redacted]	
<b>TRAN Lillian C</b>	<b>50%</b>	<b>SECRETARY</b>	<b>10/04/66</b>	[Redacted]	
Residence Address (Street)	City, State, Zip	Residence Telephone			
<b>10505 Dillingham dr</b>	<b>RENO NV 89521</b>	<b>775-410-9910</b>			
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			
<b>Tran Richard</b>	<input type="checkbox"/> Off-Site	<b>775-410-9910</b>			
Residence Address (Street)	City, State, Zip				
<b>10505 Dillingham Dr</b>	<b>RENO, NV 89521</b>				

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

Describe in detail the activity of your business **we are vietnamese food service (restaurant)**  
**We cook food for on site service and takeout**

Type of Liquor License Applying for (If applicable)					
<input type="checkbox"/> Tavern/Bar	<input checked="" type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement?			
List number of slot machines (If applicable)			List number of table games (If applicable)		
<input type="checkbox"/> 1 cent	<input type="checkbox"/> Multi	<input type="checkbox"/> Craps	<input type="checkbox"/> Baccarat		
<input type="checkbox"/> 5 cent	<input type="checkbox"/> Poker	<input type="checkbox"/> Roulette	<input type="checkbox"/> Race Book		
<input type="checkbox"/> 25 cent	<input type="checkbox"/> Mega Buck	<input type="checkbox"/> Twenty-One	<input type="checkbox"/> Sports Book		
<input type="checkbox"/> 1.00		<input type="checkbox"/> Keno	<input type="checkbox"/> Poker		

If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below  
**Adding Liquor**

Check One	<input checked="" type="checkbox"/> I am not subject to a court order for the support of a child
	<input type="checkbox"/> I am subject to a court order for the support of one or more children and am <i>in compliance</i> 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
	<input type="checkbox"/> I am subject to a court order for the support of one or more children and am <i>not in compliance</i> 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

<b>Miscellaneous Information</b>	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
	Will you be installing any outdoor signs	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)	
	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	

<b>Rules and Regulations</b>	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
	<ul style="list-style-type: none"> <li>• If any changes are made after completing said license application this office must be notified immediately and an updated is required.</li> <li>• 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</li> <li>• 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.</li> <li>• Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation</li> </ul>
	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><i>[Signature]</i></u> Date <u><i>7-31-2014</i></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: <i>[600.00]</i>
Number of Rental Units			Liquor License Pro-rated Fee:
Number of Coin Operated Machines			Liquor License Application Fee: <i>500.00</i>
Number of Slot Machines			Liquor License Investigation Fee: <i>500.00</i>
TOTAL FEES DUE: <i>1000.00</i>			Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By <i>Reseck</i>	Date <i>8/10/15</i>		Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:



**CARSON CITY, NEVADA**  
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To: Carson City Liquor and Entertainment Board  
From: Carson City Health and Human Services (CCHHS)  
Date: February 20, 2015  
Re: Liquor License- Viet Pho

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On February 20, 2015 an advisory inspection of Viet Pho, located at 444 E. William St., Suite #06, was conducted. At the time of the inspection the premises met CCHHS standards and received liquor license application approval for bottled beer and wine. Please contact CCHHS with any questions or concerns.

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

Dustin Boothe   
Disease Prevention and Control Manager

**Carson City Health & Human Services**

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired–Use 711

Clinical Services (775) 887-2195 Fax: (775) 887-2192	Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248	Human Services (775) 887-2110 Fax: (775) 887-2539	Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248	Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248
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