

**Carson City  
Agenda Report**

**Date Submitted:** April 28, 2015

**Agenda Date Requested:** May 7, 2015

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

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

**Subject Title:** For possible action to approve Mohammad S. Ahmad as the liquor manager for Eagle Gas (Liquor License #15-30432) located at 1360 S. Carson St. (Lena Reseck)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Mohammad S. Ahmad 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 Mohammad S. Ahmad as the liquor manager for Eagle Gas (Liquor License #15-30432) located at 1360 S. 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 Sheriff's Office Background Investigation  
3) Carson City Health and Human Services Inspection Report

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

**Reviewed By:**

  
\_\_\_\_\_  
(Planning Manager)  
  
\_\_\_\_\_  
(City Manager)  
  
\_\_\_\_\_  
(District Attorney's Office)  
  
\_\_\_\_\_  
(Finance Director)

Date: 4.28.15

Date: 4/28/15

Date: 4/28/15

Date: 4/28/15

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_ Aye/Nay

2) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

LL#15-30432



**CARSON CITY LICENSE APPLICATION**

Business License #: **BL15-30939**  
 Submittal Date: **1-6-2015**

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

1	<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			
2	Type of License(s)	<input type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor			
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit		
4	Entity Name	Ahmad S. Mohammad			5 Business Opening Date			
6	Business Name (DBA)	EAGLE GAS			7 EIN # 88-0297325			
8	Business Address	1360 S CARSON ST	City	C.C.	State	NV	Zip Code	89701
9	Mailing Address	SAME AS ABOVE			State		Zip Code	
10	Corporate Phone	884-3959	Business Phone	884-3959	Cellular Phone	742-8130	Business Fax	884-3684
11	E-mail Address	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
AHMAD S. MOHAMMAD	100%	OWNER	JULY 10 1962	
Residence Address (Street)	City, State, Zip	Residence Telephone		
212 N CARSON ST	CARSON CITY NV 89706	884-3684		
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	<input type="checkbox"/> On-Site	<input type="checkbox"/> Off-Site	Contact Phone Number	
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  
 GAS Station - mini mart

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
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement? NO			
16 List number of slot machines (If applicable)			16 List number of table games (If applicable)		
<input type="checkbox"/> 1 cent	<input type="checkbox"/> Multi	<input type="checkbox"/> Craps	<input type="checkbox"/> Baccarat	NONE	
<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		

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 <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>NO</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>GASOLINE &amp; DIESEL</i> <i>UNDER GROUND TANKS</i>	

**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 *[Signature]* Date *1-5-15*

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	<i>63.85</i>	Business License Annual Fee: <i>164.15</i>
Square Footage	<i>13.00</i>	Business License Pro-rated Fee:
Number of Employees <i>x2</i>	<i>12.30</i>	Business License Application/Update Fee: <i>2500</i>
Health Fee	<i>75.00</i>	Liquor License Annual Fee: <i>1800.00</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:
TOTAL FEES DUE	<i>1234.15</i>	Gaming License Quarterly Fee:
Payment Type <i>CHEQ #6903</i>		Gaming License Application Fee:
Received By <i>SW</i>	Date <i>1-6-2014</i>	Fictitious Name Fee: <i>20.00</i>
Date Applicant Fingerprinted	By	Health Pre-Inspection Fee: <i>25.00</i>

Carson City Health and Human Services  
Environmental Health Division  
900 E. Long St.  
Carson City, NV 89706  
(775) 887-2190



Douglas County  
Environmental Health Department  
1594 Esmeralda Ave.  
Minden, NV 89423  
(775) 782-6207

## MEMORANDUM

TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: February 6, 2015


RE: February 19, 2015 Meeting – Eagle Gas I and Eagle gas II

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On Friday, February 6, 2015, inspections of Eagle Gas I (located at 2152 N. Carson St.) and Eagle Gas II (located at 1360 S. Carson St.) were conducted. The deficiencies noted on the inspection forms do not preclude the new operator from meeting CCHHS standards and receiving approval for a liquor license by this department. Please contact CCHHS with any question 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