

**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 #15-30447) located at 2152 N. 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 #15-30447) located at 2152 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 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)

LT# 15-30447



CARSON CITY LICENSE APPLICATION

Business License #: BL-15-30940
Submittal Date: 7-6-2015

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	MOHAMMAD - S. AHMAD		5 Business Opening Date	
6	Business Name (DBA)	EAGLE GAS		7 EIN #	88-0297325
8	Business Address	2152 N CARSON ST	City	State	Zip Code
9	Mailing Address	SAME AS ABOVE	City	State	Zip Code
10	Corporate Phone	885-7456	Business Phone	885-7456	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 - Mohammad S	100%	OWNER	July 10 1926	-
Residence Address (Street)	City, State, Zip	Residence Telephone		
2152 N CARSON ST	CARSON CITY NV 89706	775-884-3684		
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
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
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15 Catering Additional Wet Bars _____ Will there be an Interim Management Agreement? NO

16 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 _____

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 <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 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 None	

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
	<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
	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 1-5-15

FEE STRUCTURE		FEE	LICENSE TOTAL FEES	
Business License Fee		63.85	Business License Annual Fee:	167.15
Square Footage		13.00	Business License Pro-rated Fee:	
Number of Employees	2	12.30	Business License Application/Update Fee:	25.00
Health Fee		75.00	Liquor License Annual Fee:	1800.00
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: 1737.15			Gaming License Quarterly Fee:	
Payment Type	CH# 6903		Gaming License Application Fee:	
Received By	SW	Date	Fictitious Name Fee:	20.00
Date Applicant Fingerprinted		By	Health Pre-Inspection Fee:	25.00
		File #		

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

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