

**Carson City
Agenda Report**

Date Submitted: September 8, 2015

Agenda Date Requested: September 17, 2015
Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Community Development - Business License Division

Subject Title: For Possible Action: To approve the liquor license location transfer of Jamy, Inc. dba Ben's Fine Wine & Spirits from 444 E. William Street to 3777 N. Carson Street, Ste 105. Jamal Keshmiri will remain the liquor manager. (Lena Reseck, lreseck@carson.org)

Staff Summary: All liquor license requests are to be reviewed by the Liquor and Entertainment Board per CCMC 4.13. Jamy, Inc. dba Ben's Fine Wine & Spirits has a packaged and on premise liquor license. The new location will be opening October 2015. 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 the liquor license location transfer of Jamy, Inc. dba Ben's Fine Wine & Spirits from 444 E. William Street to 3777 N. Carson Street, Ste 105. Jamal Keshmiri will remain the liquor manager.

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

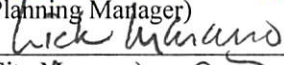
Alternatives: 1) Refer back to the Business License Division, or
2) Deny

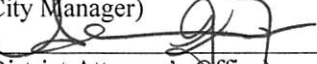
Supporting Material: 1) Carson City Liquor License Application
2) Carson City Health and Human Services Inspection Report

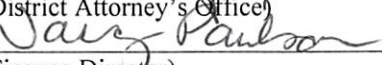
Prepared By: Lena Reseck, Senior Permit Technician

Reviewed By:



(Planning Manager)


(City Manager)


(District Attorney's Office)


(Finance Director)

Date: 8.31.15
Date: 9/8/15
Date: 9/8/15
Date: 9/8/15

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 #: **LL# 16-19058**
BL# 15-19072
Submittal Date: **7-30-2015**

<input type="checkbox"/> New Business		<input checked="" 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 type="checkbox"/> Liquor		
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
Entity Name Jamy Inc						Business Opening Date 10-1-15				
Business Name (DBA) Beas Plus Wine & Spirits						EIN # 14-1870085				
Business Address 3777 N. CARSON ST.			City CARSON CITY		State NEVADA		Zip Code 89701			
Mailing Address 2480 LAKESIDE DR.			City DEMO		State NU		Zip Code 89509			
Corporate Phone 775-829-2367		Business Phone - SAME -		Cellular Phone		Business Fax				
E-mail Address JamyInc@LIVE.COM				Business Website						
Owner(s), Manager(s), or other Principal(s) attach additional pages if required										
Last, First, MI KEATHIRI JAMAL		Percent Owned 100%		Title President		Date of Birth 7-19-71		Residence Telephone 775-250-4295		
Residence Address (Street) 1200 HOLCOMB BLVD				City, State, Zip DEMO NU 89511		SSN				
Last, First, MI		Percent Owned		Title		Date of Birth		Residence Telephone		
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										
Describe in detail the activity of your business PACKAGE LIQUOR STORE										
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?						
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 AA E William St										
Check One										
<input type="checkbox"/> I am not subject to a court order for the support of a child										
<input checked="" 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										

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	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
	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)	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business	

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 <u>7-30-15</u>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee		Business License Annual Fee:
Square Footage <u>5237</u>	<u>2422</u>	Business License Pro-rated Fee:
Number of Employees		Business License Application/Update Fee: <u>2500</u>
Health Fee		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: <u>4922</u>		Gaming License Quarterly Fee:
Payment Type <u>M/C</u>		Gaming License Application Fee:
Received By <u>SW</u>	Date <u>7-30-2015</u>	Petition Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:

\$ 2500 LL update paid cash 8-4-15. SW



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: August 31, 2015

Re: Liquor License-Ben's Fine Wines and Liquor

On August 18, 2015 an informal, mid-construction inspection of Ben's Liquor, located at 3777 N. Carson Street was conducted. In addition, a plan review is presently being done. If the establishment is built to the revised plan requirements, the Carson City Health and Human Services would have no issue regarding a liquor license application approval for this business.

Please contact CCHHS with any questions or concerns.

Phone: (775) 887-2190

Fax: (775) 887-2248

Robert Elliott, REHS
Environmental Health Specialist 2
Disease Prevention and Control
Carson City Health and Human Services

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
--	---	---	--	---