

**Carson City  
Agenda Report**

**Date Submitted:** October 6, 2015

**Agenda Date Requested:** October 15, 2015

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

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

**Subject Title:** For Possible Action: To approve Raquel Novoa as the liquor manager for La Enchilada (Liquor License #16-31023) located at 557 S. Saliman Rd. (Lena Reseck, lreseck@carson.org)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Raquel Novoa is applying for a full liquor license. 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 Raquel Novoa as the liquor manager for La Enchilada (Liquor License #16-31023) located at 557 S. Saliman Rd.

**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

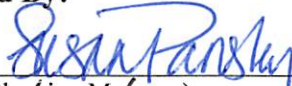


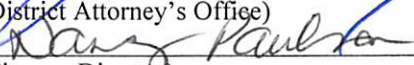
**Funding Source:** N/A

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

Date: 10.2.15

Date: 10/6/15

Date: 10-6-2015

Date: 10/6/15

**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 # 16-31023  
RL # 15-31322  
Submission Date: 9-10-15

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 checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor	
3	Type of Entity	<input checked="" 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 <u>Racquel Navoa</u>			5 Business Opening Date <u>10/2015</u>		
6	Business Name (DBA) <u>La Enchilada</u>			7 EIN #		
8	Business Address <u>5575 Saliman rd</u>		City <u>Carson, N.M.</u>	State <u>N.M.</u>	Zip Code <u>89706</u>	
9	Mailing Address <u>same</u>		City	State	Zip Code	
10	Corporate Phone	Business Phone	Cellular Phone <u>775-461-6971</u>		Business Fax	
11	E-mail Address <u>racquelnavoa@aol.com</u>		Business Website			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI <u>Navoa, Racquel</u>	Percent Owned <u>100%</u>	Title <u>owner</u>	Date of Birth <u>11-17-72</u>		
	Residence Address (Street) <u>200 James Ct #14</u>		City, State, Zip <u>MT House NM 89706</u>	Residence Telephone <u>775-461-6971</u>		
	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 <u>mexican food 25 seats</u>					
Type of Liquor License Applying for (If applicable)						
14	<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input checked="" type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
15	<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____	Will there be an Interim Management Agreement?			
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					
	<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					

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 <u>yes</u>	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 <u>yes</u>
	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"> <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>Raque M L</u> Date <u>9.8.2015</u>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES	
Business License Fee		63.85	Business License Annual Fee:	182.00
Square Footage		13.00	Business License Pro-rated Fee:	60.25
Number of Employees	5	30.75	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: <u>1630.25</u>			Gaming License Quarterly Fee:	
Payment Type <u>CASH</u>			Gaming License Application Fee:	
Received By <u>SW</u>	Date	<u>9-10-2015</u>	Fictitious Name Fee:	20.00
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:	25.00



**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: September 28, 2015

Re: Liquor License-La Enchilada Restaurant, 557 S. Saliman St.

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On September 23, 2015 a routine inspection of La Enchilada Restaurant, located at 557 S. Saliman Street was conducted. If the violations noted in the most recent inspection, are corrected in a timely manner, 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  
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
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