

**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 Maria Guadalupe Rodriguez as the liquor manager for Las Marias Mexican Restaurant (Liquor License #16-31018) located at 1939 N. Carson St. (Lena Reseck, lreseck@carson.org)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Maria Guadalupe Rodriguez is applying for a full liquor license. Ms. Rodriguez is purchasing the restaurant from the previous owner. 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 Maria Guadalupe Rodriguez as the liquor manager for Las Marias Mexican Restaurant (Liquor License #16-31018) located at 1939 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 Health and Human Services Inspection Report
3) Carson City Sheriff's Office Background Investigation

Prepared By: Lena Reseck, Senior Permit Technician

Reviewed By:

Susan Parsky
(Planning Manager)
Lick Williams
(City Manager)
[Signature]
(District Attorney's Office)
Nancy Paulso
(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# 110-31018**

BL-15-31318

Submittal Date: **9-4-2015**

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 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	Maria Guadalupe Rodriguez			
5	Business Opening Date	9-2015			
6	Business Name (if not same as Entity Name)	LAS MARIAS MEXICAN RESTAURANT			
7	EIN #				
8	Business Address	City	State	Zip Code	
9	Mailing Address	City	State	Zip Code	
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax	
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	Residence Telephone
Maria Rodriguez Guadalupe		OWNER	6-23-82	
Residence Address (Street)	City, State, Zip	Residence Telephone		
655 Robinhood Dr apt 24	RENO, NV 89509-4161	(775) 412-5681		
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
SOME				
Residence Address (Street)	City, State, Zip	Residence Telephone		
SOME				
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
Restaurant 50 seats

14 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 checked="" 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? **YES**

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
Lupitas Silvia Martinez

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	Has a Special Use Permit been obtained for this business location
	Yes	Yes
	Will you be installing any outdoor signs	Are there any existing signs of the property
	Yes	Yes
	Will there be any outside storage (If yes, please explain items being stored and how being screened)	
No N/A		
Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)		
N/A		
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	Maria Rodriguez Date 8-26-15

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 183.40
Square Footage	32.25	Business License Pro-rated Fee: 60.52
Number of Employees	12.30	Business License Application/Update Fee: 25.00
Health Fee	75.00	Liquor License Annual Fee: 800.00
Number of Rental Units	1	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:	1630.52	Gaming License Quarterly Fee:
Payment Type	Ch# 105	Gaming License Application Fee:
Received By	SW	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted	9-11-2015	Health Pre-Inspection Fee: 25.00
By		
File #		



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 25, 2015

Re: Liquor License-Crossroads Lounge 300 E. Winnie Lane

On September 24, 2015 a routine inspection of Las Maria's Restaurant, located at 1939 N. Carson 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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CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorándum

Para: Junta de entretenimiento y licor de Carson City

Por: Carson City salud y servicios humanos (CCHHS)

Fecha: 25 de septiembre de 2015

Re: Licencia de licor-cruce salón 300 E. Winnie Lane

El 24 de septiembre de 2015 se realizó una inspección de rutina de restaurante Las Maria, ubicado en la calle de Carson N. 1939. Si las violaciones observadas en la inspección más reciente, son corregidos de manera oportuna, la Carson City salud y servicios humanos no tendría ningún problema en cuanto a una aprobación de aplicación de licencia de licor para este negocio.

Póngase en contacto CCHHS con preguntas o preocupaciones.

Teléfono: (775) 887-2190

Fax: (775) 887-2248

Robert Elliott, REHS

Especialista en salud ambiental

Control y prevención de enfermedades

Carson City salud y servicios humanos

Carson City Health & Human Services

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