



STAFF REPORT

Report To: Liquor and Entertainment Board

Meeting Date: January 7, 2016

Staff Contact: Lena Reseck, lreseck@carson.org

Agenda Title: For Possible Action: To approve Sangeeta Goel as the liquor manager for Minden Gas, LLC. dba ARCO AM/PM (Liquor License #16-31065) located at 4340 N. Carson St.

Staff Summary: All liquor license requests are to be reviewed by the Liquor and Entertainment Board per CCMC 4.13. Minden Gas, LLC. dba ARCO AM/PM is applying for a packaged liquor license. Staff is recommending approval.

Agenda Action: Formal Action/Motion

Time Requested: 10 minutes

Proposed Motion

I move to approve Sangeeta Goel as the liquor manager for Minden Gas, LLC. dba ARCO AM/PM (Liquor License #16-31065) located at 4340 N. Carson St.

Board's Strategic Goal

N/A

Previous Action

N/A

Background/Issues & Analysis

N/A

Applicable Statute, Code, Policy, Rule or Regulation

CCMC 4.13

Financial Information

Is there a fiscal impact? Yes No

If yes, account name/number:

Is it currently budgeted? Yes No

Explanation of Fiscal Impact:

Alternatives

Refer back to the Business License Division or Deny

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Business License #: **#16-31065**

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

Submission Date: **15-31393**
10-29-2015

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 checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input type="checkbox"/> Liquor	
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit	
4	Entity Name Minden Gas LLC			5 Business Opening Date	Nov.10th. 2015	
6	Business Name (DBA) Arco ampm - 83887			7 EIN #	80- 0530179	
8	Business Address	4340 North Carson Street	City Carson City	State Nevada	Zip Code 89706	
9	Mailing Address	P.O. Box 910	City Genoa	State Nevada	Zip Code 89411	
10	Corporate Phone	Business Phone (775) 624-8978	Cellular Phone (775) 315-7088	Business Fax (775) 546-0807		
11	E-mail Address AJGOEL@YAHOO.COM			Business Website NONE		
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI	Percent Owned	Title	Date of Birth		
	Sangeeta Goel	30	Manager	04/21/58		
	Residence Address (Street)		City, State, Zip		Residence Telephone	
	296 Genoa Aspen Ct.		Genoa, NV 89411		(775) 546-0807	
	Last, First, MI	Percent Owned	Title	Date of Birth		
	Ajay Goel	58	Manager	4/24/56		
	Residence Address (Street)		City, State, Zip		Residence Telephone	
	296 Genoa Aspen Ct.		Genoa, NV 89411		(775) 546-0807	
	Last, First, MI	Percent Owned	Title	Date of Birth		
	Anurag Goel	12	Member	09/14/1992		
	Residence Address (Street)		City, State, Zip		Residence Telephone	
	296 Genoa Aspen Ct.		Genoa, NV 89411		(775) 546-0807	
	Manager/Liquor Manager	Sangeeta Goel		<input checked="" type="checkbox"/> On-Site	Contact Phone Number	
				<input type="checkbox"/> Off-Site	(775) 315-7088	
	Residence Address (Street)		City, State, Zip			
	296 Genoa Aspen Court		Genoa, NV 89411-0910			
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 & Convenience Store : Retail Gasoline, Grocery, Beverages, Candy, Chips, and Hot Drinks					
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 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
15	<input type="checkbox"/> Catering	<input type="checkbox"/> 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					
18	<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 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 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 GASOLINE AND DIESEL 20,000 GALLONS UNDERGROUND	

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 <u><i>Bayala</i></u> Date <u>OCT. 27th 2015</u>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 226.45
Square Footage	32.25	Business License Pro-rated Fee: 38.49
Number of Employees x9	55.35	Business License Application/Update Fee: 25.00
Health Fee	75.00	Liquor License Annual Fee: 800.00
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: 300.00
TOTAL FEES DUE:	1834.94	Gaming License Quarterly Fee:
Payment Type	CASH 4164	Gaming License Application Fee:
Received By	SW	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted	By 10/29/15	Health Pre-Inspection Fee: 25.00

Memorandum



TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: December 1, 2015

RE: January 21, 2016 Meeting – ARCO AM PM 83887 Liquor License

On Wednesday, November 25, 2015 an inspection of ARCO AM PM 83887, located at 4340 N. Carson St., was conducted. At the time of this inspection the premises met CCHHS standards and received liquor license application approval for bottled beer and wine. Please contact CCHHS with any questions or concerns.

Phone: (775)887-2190

Fax: (775)887-2248

Dustin Boothe
Environmental Health Program Manager *DB*

Becky W. Purkey, REHS
Environmental Health Specialist II *BNP*

Copied:

Lena Reseck, Business License