



STAFF REPORT

Report To: Liquor and Entertainment Board

Meeting Date: April 21, 2016

Staff Contact: Lena Reseck, lreseck@carson.org

Agenda Title: For Possible Action: To approve Phong Tran as the liquor manager for Pho Country (Liquor License #16-31289) located at 2495 N. Carson Street. (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. Phong Tran dba Pho Country is applying for a dining room with beer and wine liquor license. Staff is recommending approval.

Agenda Action: Formal Action/Motion

Time Requested: 10 minutes

Proposed Motion

I move to approve Phong Tran as the liquor manager for Pho Country (Liquor License #16-31289) located at 2495 N. Carson Street.

Board's Strategic Goal

Safety

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)

LL# 31289



CARSON CITY LICENSE APPLICATION

Business License #: BL# 16-31582
 Submittal Date: 2/26/2016

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

| | | | | | |
|---|---------------------------------------|---|---|--|---|
| 1 | <input 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 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 | Phong Thanh (RAN) | | | 5 | Business Opening Date |
| 6 | Business Name (DBA) | Pho Country Country | | | 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 | PhongMy@Hotmail.com | | | 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 | | |
| | TRAN Phong Thanh | ✓ | | 3-12-69 | | |
| | Residence Address (Street) | City, State, Zip | Residence Telephone | | | |
| | 1436 Turner Ct | Carson City N.V. 89706 | 220-2010 | | | |
| | 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 | |
| | Pho Country | Beer & wine applied for. |

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|----|---|--|--|--|---|--|
| 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 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 _____ | | |

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|----|--|--|
| 17 | If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below | |
| | | |

| | | |
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| 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 | 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 | |

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|------------------------------|--|
| 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>3-26-16</u> |

| FEE STRUCTURE | | FEE | LICENSE TOTAL FEES | |
|----------------------------------|-----------|--------|--|---------|
| Business License Fee | | 63.85 | Business License Annual Fee: | 232.00 |
| Square Footage | | 13.00 | Business License Pro-rated Fee: | |
| Number of Employees | | 30.75 | Business License Application/Update Fee: | 25.00 |
| Health Fee | | 125.00 | Liquor License Annual Fee: | 1600.00 |
| Number of Rental Units | | | Liquor License Pro-rated Fee: | |
| Number of Coin Operated Machines | | | Liquor License Application Fee: | 500.00 |
| Number of Slot Machines | | | Liquor License Investigation Fee: | 500.00 |
| TOTAL FEES DUE: | 302.60 | | Gaming License Quarterly Fee: | |
| Payment Type | CASH 1378 | | Gaming License Application Fee: | |
| Received By | SW | Date | Fictitious Name Fee: | 20.00 |
| Date Applicant Fingerprinted | | By | Health Pre-Inspection Fee: | 25.00 |
| | | File # | | |

LL fees \$1000.00
 CH# 1404
 received 3/14/2016



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: April 7, 2016

Re: Liquor License-Pho Country Restaurant 2495 N. Carson Street

On March 30, 2016, a follow up inspection of Pho Country Restaurant, located at 2495 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

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|-------------------------------------|--|----------------------------------|---|--|
| Clinical Services (775) 887-2195 | Public Health Preparedness (775) 887-2190 | Human Services (775) 887-2110 | Disease Control & Prevention (775) 887-2190 | Chronic Disease Prevention & Health Promotion (775) 887-2190 |
| Fax: (775) 887-2192 | Fax: (775) 887-2248 | Fax: (775) 887-2539 | Fax: (775) 887-2248 | Fax: (775) 887-2248 |