

STAFF REPORT

Report To: Liquor and Entertainment Board

Meeting Date: May 5, 2016

Staff Contact: Lena Reseck, lreseck@carson.org

Agenda Title: For Possible Action: To approve Neal Kinzie as the liquor manager for Hacienda Market & Grill LLC (Liquor License #16-31017) located at 2270 E. William 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. Hacienda Market & Grill LLC 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 Neal Kinzie as the liquor manager for Hacienda Market & Grill LLC (Liquor License #16-31017) located at 2270 E. William 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?	□ Y	es	🖂 No
If yes, account name/nut	mber:		
Is it currently budgeted?		Yes	🛛 No

Explanation of Fiscal Impact:

Alternatives

Refer back to the Business License Division or Deny

Board Action Taken:		
Motion:		Aye/Nay
	2)	

(Vote Recorded By)

				16-	3/01	/
San Cive 10	CARSON CIT	Y LICENSE A	PPLICATION	Business License #:		
	Please type or print in blac not be accepted. Ap	RIA 31313 Submittal Date: 3/11/11				
G New 1	Business Change	of Location/Mailing	□ Change of Name	Change of Corpo	orate Officer	🗆 Other
2 Type of I	license(s)	Business	□ Short-Term	🗆 🗆 Gamir	ıg	H iquor
3 Type of Entity	C Sole Proprietor	Corporation	🗆 Partnership	Kimited Liabilit	у Сотрапу	🗆 Non-Profit
Entity Name /	ACIENDA MA	LOVET #1	PULLE	Business Open	ing Date 20	1/a
Business Name (D		MAN 7 C		5, <u>////</u> EIN#	<u>y-20</u>	
Business Address	270 E. WILL	AM	CityCARSON	State NV	Zip Code 89	701
Mailing Address	50 AL SIERI	2A STATA	City REND	State	Zip Code	21
Corporate Phone	Business Ph	one	Cellular Phone 541 - 944 - 7	Business Fax		1
E-mail Address	Quanto	10	Business Website	10		
12 Owner(s), Manage	r(s), or other Principal(s) attac	h additional nages if rec	<u>COM</u>			
Last, First, MI		Percent Owned	Title	Date of Birth		
Residence Address		- 100%	MAMT6FAC City, State, Zip	10/23/57	Paridance Tala	obone
	SIERRAST, H	70%	RENO NV	89501	Residence Tele	44-7700
Last, First, MI		Percent Owned	Title /	Date of Birth	SSN	
Residence Address	Residence Address (Street)			Residence Telephone		phone
Last, First, MI	Last, First, MI Percent Owned		Title	Date of Birth	SSN	
Residence Address	Residence Address (Street)		City, State, Zip	Residence Telephone		phone
Manager/Liquor M	lanager		On-Site Off-Site	Contact Phone	e Number	ومدين التقويري الأرب
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						
3 Describe in detail	Describe in detail the activity of your business HISPAMC GEOLERY, MEAT MARKET, BAKERY DELL, PACKAGE LIQUOR SALES. MONEY SERVICES					
DELL,	PACKAGE UIG	WOR SAL	ES, MONEY	SERVICES	1	
the second se	cense Applying for (If application	able)	· · · · · · · · · · · · · · · · · · ·			
4 □ Tavern/Bar	Dining Room w/Beer and Wine Only	Packaged Liquor	Dining Room w/Hard Liquor	Combo (On-Premise & Pkg)	🛛 🗆 Genera	al Wholesale
□ Tavern/Bar 5 □ Catering	🗆 Additional Wet Bar	·s	Will there be an Interim M	lanagement Agreement?		an a suisdear faith faith tha staireastaine.
6 List number of slo	f slot machines (If applicable)		List number of table games	e games (If applicable)		
1 cent	🗆 Multi		Craps	Baccarat		
0 5 cent	□ Poker		Roulette Twenty-One	□ Race Book □ Sports Bool	and the second se	
□ 1.00	🗆 Mega Bu		🗆 Keno	🗆 Poker		
7 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below						
<u>影</u>				And the second		
18		ject to a court order for				
Check One	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					
E I	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 District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to order				approved by the	

-					
ation	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				
rmati	Is your business location zoned for this type of business $4ES$	Has a Special Use Permit been obtained for this business location			
s Info	Will you be installing any outdoor signs YES	Are there any existing signs of the property $\frac{1}{16.5}$			
Will there be any outside storage (If yes, please explain items being stored and how being screened)					
				iscella	Vill 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 NOW-					

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 395,00
Square Footage	194.65	Business License Pro-rated Fee: 264.65
Number of Employees	61.50	Business License Application/Update Fee: 5,00
Health Fee	75.00	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:	9:65	Gaming License Quarterly Fee:
Payment Type Cht 1	328.	Gaming License Application Fee:
Received By	Date 3/4/2016	Fictitious Name Fee:
Date Applicant Fingerprinted	By / File #	Health Pre-Inspection Fee:

1						LL#	16-3	1017
Γ.	CARSON CITY LICENSE APPLICATION				Business License #:			
	Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature				BL# 15-31313 Submittal Date: 0-2-2015			
- 1	New	Business	Change o	f Location/Mailing	□ Change of Name	Change of Corpo	orate Officer	□ Other
2	Type of 1	License(s)	N	Business	□ Short-Term	🗆 Gaming 🛛 🖉		2 Liquor
3	Type of Entity	C Sole Pro	prietor	Corporation	🗆 Partnership	A-Limited Liabilit	Limited Liability Company	
4	Entity Name	NOA MARK	ET & la	un lic		5 Business Oper	ing Date	12-15
6	Business Name (I	() () () () () () () () () () () () () (6 GRILL		7 EIN#47-	482471	9
8	Business Address			1 crace	City CARSON CITY	State	Zip Code 8970	(
	Mailing Address	SIERRA		700	City RE JO	State	Zip Code 8950	
9	Corporate Phone		Business Phon		Cellular Phone	Business Fax	8950	/
_10	E-mail Address				541-944-7 Business Website	700		
11		/ISTA (Q)		NET additional pages if rec	HACIE	NA MARKE	T.COM	,
	Last, First, MI		-	Percent Owned	Title	Date of Birth		
		ZIE NEA		100 %	MANAGER.	10/23/37	Residence Teler	phone
	501	SIERN	4 ST :		City, State, Zip RENO, NV	89501	541-94	4-7700
	Last, First, MJ			Percent Owned	Title	Date of Birth	SSN	
	Residence Address (Street)		City, State, Zip	P Residence Telephone		ohone		
	Last, First, MI			Percent Owned	Title	Date of Birth	SSN	
	Residence Address (Street)			City, State, Zip	Residence Telephone		ohone	
	Manager/Liquor Manager			□ On-Site □ Off-Site	Contact Phone Number			
	Residence Addres	s (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								
	Type of Liquor L	icense Applying for	(If applicab	le)		, 0	//	uner
14	⊂ Tavern/Bar	Dining Room Wine Oi		🗹 Packaged Liquor	Dining Room w/Hard Liquor	Combo (On-Premise & Pkg)	🗆 Genera	l Wholesale
15	Catering	Addition	al Wet Bars		Will there be an Interim M	anagement Agreement?		
16		ot machines (If app	licable)		List number of table games			
	□ 1 cent □ 5 cent) Multi) Poker		 Craps Roulette 	Baccarat Race Book		
	□ 25 cent □ 1.00		Mega Buck		□ Twenty-One □ Keno	Sports Bool		
17								
18		1 am not subject to a court order for the support of a child						
	Check One	I	am subject to istrict Attorn	a court order for the ey or other public ag	support of one or more child ency enforcing the order for t	ren and am <i>in compliance</i> he repayment of the amou	with a plan app int owed pursuar	proved by the at to order
I am subject to a court order for the support of one o District Attorney or other public agency enforcing th			support of one or more child ency enforcing the order for th	ren and am <i>not in compli</i> he repayment of the amou	ance with a plan int owed pursuan	approved by the at to order		

uo	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			
rmatio	Is your business location zoned for this type of business \mathcal{HES}	Has a Special Use Permit been obtained for this business location		
Info	Will you be installing any outdoor signs YES	Are there any existing signs of the property YES		
neous	Will there be any outside storage (If yes, please explain items being stored and how being screened)			
iscella	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		icals or hazardous materials that will be used for this business		

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

- 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.

15

Date

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. altiz-

Applicant's Signature

Rules and Regulations

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	6385	Business License Annual Fee: 329.80
Square Footage	IZAAS	Business License Pro-rated Fee: 26, 38
Number of Employees	61,50	Business License Application/Update Fee:
Health Fee	73.00	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: 500,00
TOTAL FEES DUE: 1576	38	Gaming License Quarterly Fee:
Payment Type 047 11		Gaming License Application Fee:
Received By JJ D	ate 9-2-15	Fictitious Name Fee:
Date Applicant Fingerprinted B	/ File #	Health Pre-Inspection Fee:



≡CARSON CITY, NEVADA**=** CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

Carson City Liquor and Entertainment Board To:

From: Carson City Health and Human Services (CCHHS)

Date: April 22, 2016

Liquor License- Hacienda Market & Grill Re:

On April 19, 2016 construction plans for Hacienda Market & Grill located at 2270 E. William St. were approved. The premises depicted on the construction plans met the minimal standards for package liquor sales.

Our approval is based on the following conditions being met:

A pre operational inspection is conducted prior to opening. •

Please contact CCHHS with any questions or concerns.

Phone: (775) 887-2190

Dustin Boothe, MPH, REHS Disease Prevention and Control Manager

Carson City Health & Human Services

900 East Long Street • Carson City, Nevada 89706 • (775) 887-2190 • Hearing Impaired-Use 711

(775) 887-2195 Fax: (775) 887-2192

Clinical Services Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248

Human Services (775) 887-2110 Fax: (775) 887-2539

Prevention (775) 887-2190 Fax: (775) 887-2248

Disease Control & Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248