



# STAFF REPORT

**Report To:** Liquor and Entertainment Board

**Meeting Date:** June 2, 2016

**Staff Contact:** Lena Reseck, lreseck@carson.org

**Agenda Title:** For Possible Action: To approve Obaid Mobaligh as the liquor manager for Talents Athletic Center LLC (Liquor License #16-31293) located at 2749 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. Talents Athletic Center LLC is applying for a bar with beer and wine only liquor license. Staff is recommending approval.

**Agenda Action:** Formal Action/Motion

**Time Requested:** 10 minutes

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## **Proposed Motion**

I move to approve Obaid Mobaligh as the liquor manager for Talents Athletic Center LLC (Liquor License #16-31293) located at 2749 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# 16-31293

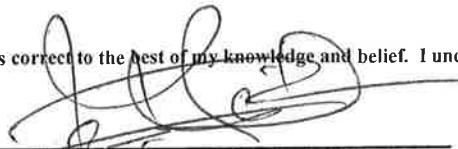


**CARSON CITY LICENSE APPLICATION**  
 Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Business License #: 16-30242  
 Submittal Date: 3-15-2016

1	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Location/Mailing	<input type="checkbox"/> Change of Name	<input checked="" 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 type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name	<u>Talents Athletic Center LLC</u>			Business Opening Date
6	Business Name (DBA)	<u>Talents Athletic Center</u>			EIN #
8	Business Address	<u>2749 N. Carson St</u>	City <u>CC</u>	State <u>NV</u>	Zip Code <u>89703</u>
9	Mailing Address	<u>P.O. Box 22794</u>	City <u>CC</u>	State <u>NV</u>	Zip Code <u>89721</u>
10	Corporate Phone	Business Phone	Cellular Phone <u>775-220-8610</u>	Business Fax	
11	E-mail Address	<u>shamsobaidmobaligh@gmail.com</u>		Business Website <u>Talents Athletic Center.com</u>	
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI	Percent Owned	Title	Date of Birth	
	<u>Mobaligh, Obaid</u>	<u>50%</u>	<u>Manager</u>	<u>3/25/61</u>	
	Residence Address (Street)	City, State, Zip		Residence Telephone	
	<u>2021 Ashwood Ct</u>	<u>CC, NV 89701</u>		<u>775-624-8983</u>	
	Last, First, MI	Percent Owned	Title	Date of Birth	
	<u>Mobaligh, Shams</u>	<u>50%</u>	<u>Manager</u>	<u>10/22/63</u>	
	Residence Address (Street)	City, State, Zip		Residence Telephone	
	<u>117 Flinwood Drive</u>	<u>Carson City NV 89701</u>			
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN
	Residence Address (Street)	City, State, Zip		Residence Telephone	
	Manager/Liquor Manager	<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		Contact Phone Number	
	<u>Obaid Mobaligh</u>			<u>775-624-8983</u>	
	Residence Address (Street)	City, State, Zip			
	<u>2021 Ashwood Ct</u>	<u>Carson City, NV 89701</u>			
13	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>Entertainment Indoor Soccer, family activity and kids Beer &amp; wine to be served</u>				
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"/> Catering	<input type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement?		
15	List number of slot machines (If applicable)				
	<input type="checkbox"/> 1 cent	<input type="checkbox"/> Multi	List number of table games (If applicable)		
	<input type="checkbox"/> 5 cent	<input type="checkbox"/> Poker	<input type="checkbox"/> Craps	<input type="checkbox"/> Baccarat	
	<input type="checkbox"/> 25 cent	<input type="checkbox"/> Mega Buck	<input type="checkbox"/> Roulette	<input type="checkbox"/> Race Book	
	<input type="checkbox"/> 1.00		<input type="checkbox"/> Twenty-One	<input type="checkbox"/> Sports Book	
			<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			

<b>Miscellaneous Information</b>	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 <i>yes</i>	Has a Special Use Permit been obtained for this business location <i>yes</i>
	Will you be installing any outdoor signs <i>no</i>	Are there any existing signs of the property <i>yes</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>no</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>no</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>none</i>	

<b>Rules and Regulations</b>	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  Date <i>3/8/16</i>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee		Business License Annual Fee:
Square Footage		Business License Pro-rated Fee:
Number of Employees		Business License Application/Update Fee:
Health Fee		Liquor License Annual Fee: <i>1600.00</i>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <i>500.00</i>
Number of Slot Machines		Liquor License Investigation Fee:
TOTAL FEES DUE: <i>500.00</i>		Gaming License Quarterly Fee:
Payment Type: <i>VISA</i>		Gaming License Application Fee:
Received By: <i>SW</i>	Date: <i>3/15/2016</i>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:



**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: May 20, 2016

Re: Liquor License- Talents Athletic Center

On May 16, 2016 construction plans for Talents Athletic Center located at 2749 N. Carson St, Suite 160, were approved. The premises depicted on the construction plans met the minimal standards for a Dining Room with Beer and Wine only.

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

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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