

item #4E

**City of Carson City
Agenda Report**

Date Submitted: May 6, 2008

Agenda Date Requested: May 15, 2008

Time Requested: 10 minutes

To: Liquor Board

From: Business License, Development Services

Subject Title: Action to approve a dining room with full liquor license for Jen Guo Chen, (liquor manager: Jen Guo Chen) dba Golden Dragon Chinese Restaurant, located at 3250 Retail Dr., Ste 150, Carson City.

Staff Summary: Per CCMC 4.13, all liquor license requests are to be reviewed by the Liquor Board.

Type of Action Requested:

- Resolution
- Formal Action/Motion
- Ordinance
- Other (Specify)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to approve a dining room with full liquor license for Jen Guo Chen, (liquor manager: Jen Guo Chen) dba Golden Dragon Chinese Restaurant, located at 3250 Retail Dr., Ste 150, Carson City including the Non-Refundable Investigation Fee of \$500.00, the Original New Application Fee of \$1000.00, and the Liquor License Per Quarter Fee of \$200.00. Additionally, all sellers or servers of liquor must attend the Sheriff's Office Servers Education class within three months of the business opening.

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) Background check from Sheriff's Office
2) Carson City Liquor License Application

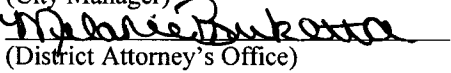
Prepared By: Lena E. Tripp, Senior Permit Technician

Reviewed By:



(Development Services Director)

(City Manager)



(District Attorney's Office)

(Sheriff)

Date: 5-6-08

Date: 5-6-08

Date: 5-6-08

Date: _____

Board Action Taken:

Motion: _____

- 1) _____
- 2) _____

Aye/Nay

(Vote Recorded By)

CITY OF CARSON CITY LIQUOR LICENSE APPLICATION

201 N Carson Street #5
Carson City, NV 89701
(775)887-2092 #2 fax (775)887-2102

Full Name of Applicant(s) JEN GALE COPEN Account # 08-25634
 Corporate Name Excelsior Program 24/7/365 Retail
 Fictitious Firm Name _____ Date Filed _____
 Business Location 3250 Retail Dr Suite 145-150 Business Phone 775-887-8988
 Mailing Address 3250 Retail Dr Suite 150 Home Phone 775-848-0244
 Date Liquor Sales will start? _____ Management Agreement on file? _____

- Type of Liquor Sales: (check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Full bar liquor sales | <input type="checkbox"/> Dining room w/beer & wine |
| <input type="checkbox"/> Packaged Liquor | <input type="checkbox"/> Wholesaler |
| <input checked="" type="checkbox"/> Dining room w/full liquor | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Packaged beer & wine | <input type="checkbox"/> Additional Bar(s) @ location (# _____) |
| | <input type="checkbox"/> Combo Packaged & on-premise liquor license |

List **ALL** owners, partners or corporate officers below:

<u>JEN GALE COPEN</u>	<u>120 EMPIRE RD DAYTON NV 89403</u>	<u>775-848-0244</u>
Name & Title	Address	Phone #
Name & Title	Address	Phone #
Name & Title	Address	Phone #

Are you familiar with Nevada Liquor Laws? yes no
 Have you ever obtained a liquor license before? yes no If yes, where? DAYTON NV

Non-Refundable Investigation Fee	\$ <u>500⁰⁰</u>	Date Paid	<u>March 26 2008</u>
Original New Application Fee	\$ <u>1,000⁰⁰</u>	Date Paid	<u>March 26 2008</u>
Liquor License Per Quarter	\$ <u>200⁰⁰</u>	Date Paid	<u>March 26 2008</u>

CERTIFICATION: I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that this liquor license, if approved, may not be transferred to any other person or to any other location, without prior approval by the Liquor Board. I further understand the investigation period may be forty-five (45) days or longer for processing.

Signature Jen Gale Copen Date 3-10-08
 Signature Jen Gale Copen Date 3-26-08
 Signature _____ Date _____

Witnessed by: [Signature] Date _____

===== FOR SHERIFF'S DEPARTMENT USE ONLY =====

901 E Musser St. Carson City, NV 89701
(775)887-2020 x 1400

Date Applicant Fingerprinted _____	By _____	File # _____
Date Applicant Fingerprinted _____	By _____	File # _____
Date Applicant Fingerprinted _____	By _____	File # _____