

**Carson City
Agenda Report**

Date Submitted: October 25, 2011

Agenda Date Requested: November 3, 2011

Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: For possible action to approve Jenjira Rodboon as the liquor manager for Sushi Delight (Liquor License #12-27649) located at 111 E. Telegraph St., Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Jenjira Rodboon is applying to be listed as the liquor manager on the liquor license. Staff is recommending approval.

Type of Action Requested:

Resolution

Ordinance

Formal Action/Motion

Other (Specify)

Does This Action Require A Business Impact Statement: () Yes (X) No

Recommended Board Action: I move to approve Jenjira Rodboon as the liquor manager for Sushi Delight (Liquor License #12-27649) located at 111 E. Telegraph St., Carson City.

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

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:



(Public Works Director)


(City Manager)


(District Attorney's Office)


(Principal Planner)


(Finance Director)

Date: 10/25/11
Date: 10/25/11
Date: 10/25/11
Date: 10.21.11
Date: 10/25/11

Board Action Taken:

Motion: _____

1) _____ Aye/Nay
2) _____

(Vote Recorded By)



CARSON CITY LICENSE APPLICATION

Business License #:

12-27649
Submittal Date: 11-10-2011

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

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 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 type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit
4	Entity Name			Business Opening Date		
5	Business Name (DBA)			EIN #		
6	SUSHI DELIGHT					
7	Business Address		City	State	Zip Code	
8	111 E TELEGRAPH		CARSON CITY	NV	89701	
9	Mailing Address		City	State	Zip Code	
9	SAME					
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax		
10		888.2007				
11	E-mail Address			Business Website		
11						
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI	Percent Owned	Title	Date of Birth	SSN	
	LIN LIUAN	0	owner	01.13.78	[REDACTED]	
	Residence Address (Street)		City, State, Zip	Residence Telephone		
	409 Little Lane 2103		CARSON CITY NV 89701	775881-8771		
	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	Contact Phone Number		
	JENJIRA RODBOON		<input type="checkbox"/> Off-Site	775.841.9048		
	Residence Address (Street)		City, State, Zip			
	7 TOPAZ DRIVE		CARSON CITY, NV 89703			
	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					
	for liquor manager only-					
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 _____		
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				

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 <i>YES</i>	Has a Special Use Permit been obtained for this business location
	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	

Rules and Regulations	<p>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</p> <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 <p>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.</p>
	<p>Applicant's Signature <u><i>Tyji Rola</i></u> Date <u><i>9/6/11</i></u></p>

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>600⁰⁰</i>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <i>500⁰⁰</i>
Number of Slot Machines		Liquor License Investigation Fee: <i>500⁰⁰</i>
TOTAL FEES DUE: <i>11000⁰⁰</i>		Gaming License Quarterly Fee:
Payment Type <i>CH# 1001</i>		Gaming License Application Fee:
Received By <i>SL</i>	Date <i>9-2-11</i>	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:



CARSON CITY LICENSE APPLICATION

Business License #:

11-28979

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

Submission Date:

8-17-2011

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 type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input type="checkbox"/> Liquor	
3	Type of Entity	<input checked="" 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 LITUAN LIN			5 Business Opening Date Oct 2011		
6	Business Name (DBA) SUSHI DELIGHT			7 EIN #		
8	Business Address 111 E TELEGRAPH ST	City CARSON CITY	State NV	Zip Code 89701		
9	Mailing Address 111 E TELEGRAPH ST	City CARSON CITY	State NV	Zip Code 89701		
10	Corporate Phone	Business Phone	Cellular Phone 775-881-8771	Business Fax		
11	E-mail Address		Business Website			
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
	Last, First, MI LIN, LITUAN	Percent Owned 100%	Title OWNER	Date of Birth 01/23/78	SSI	
	Residence Address (Street) 90A SONOMA ST		City, State, Zip CARSON CITY 89701	Residence Telephone		
	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 SUSHI BAR					
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 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 _____		
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 <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 <u>YES</u>	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 <u>YES</u>
	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) <u>NO</u>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <u>NONE</u>	

Rules and Regulations	<p>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</p> <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 <p>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.</p>
	<p>Applicant's Signature <u>W. M. M.</u> Date <u>08/17/11</u></p>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES
Business License Fee		<u>63.85</u>	Business License Annual Fee: <u>176.45</u>
Square Footage		<u>13.00</u>	Business License Pro-rated Fee: <u>(44.12) Oct - Dec</u>
Number of Employees <u>x4</u>		<u>24.60</u>	Business License Application/Update Fee: <u>25.00</u>
Health Fee		<u>75.00</u>	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: <u>114.12</u>			Gaming License Quarterly Fee:
Payment Type <u>VISA</u>			Gaming License Application Fee:
Received By: <u>SI</u>	Date: <u>8-17-2011</u>		Fictitious Name Fee: <u>20.00</u>
Date Applicant Fingerprinted	By:	File #	Health Pre-Inspection Fee: <u>25.00</u>