## Carson City Agenda Report

Date Submitted: May 29, 2012 Agenda Date Requested: June 7, 2012 Time Requested: 10 minutes To: Liquor and Entertainment Board From: Business License Division Subject Title: For possible action to approve Steven Andrew Yap as the liquor manager for Zen's Cafe (Liquor License #12-28854) located at 1200 S. Stewart St., Carson City. (Jennifer Pruitt) Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Steven Andrew Yap is applying to be listed as the liquor manager on the liquor license. 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 Steven Andrew Yap as the liquor manager for Zen's Cafe (Liquor License #12-28854) located at 1200 S. Stewart 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

Board Action Report - Liquor License Yap - Zen's Cafe June 7, 2012 Page 2

Prepared By: Lena Reseck, Senior Permit Technici	an		
Public Works Director)  (City Manager)  (District Attorney's Office)  (Principal Planner)  (Finance Director)		Date: $5 - 29 - 1$ Date: $5 - 29 / 12$ Date: $5 \cdot 29 \cdot 12$ Date: $5 \cdot 29 \cdot 12$ Date: $5 \cdot 29 \cdot 12$	2 1 -
Board Action Taken:			
Motion:	1) 2)	•	Aye/Nay
(Vote Recorded By)			

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	CARS	ON CITY	LICENSE AF	PPLICATION	Business License #:	d-18	854_
	Please type or p	orint in black i	nk; Incomplete or cations must bear a	illegible applications will an original signature	Submittal Date:	2-2940A	
XNew I	Business	□ Change of	Location/Mailing	☐ Change of Name	☐ Change of Corpo	rate Officer	[] Other
Type of L	lcense(s)	Х	Business	□ Short-Term	☐ Gaming		又Liquor
Type of Entity	□ Sole Pro	oprietor	☐ Corporation	□ Partnership	Limited Liabilit	y Company	□ Non-Profi
Entity Name  ZOUS CAF  Business Name (D			uc.		Business Oper  5 MARC of  EIN #	ning Date 30, 302	
Business Address	ZENS C			City .	State	Zip Code	····
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Mailing Address	5. Stewn	rπ Sτ.		Carsen Cim	State NEVASA	Zip Code	ાજ
Corporate Phone $480 \cdot 257 -$		Business Phone		Cellular Phone 490 - 251 - 1015	Business Fax	214-90	
E-mail Address	Varol 10 AS	U. EDU.	Con.		LENICAFE, US '	5-4400	lox,net
	r(s), or other Princ	cipal(s) attach a	dditional pages if req	Title	Date of Birth	ISSN	
Last, First, MI イカタ S	TEVEN A	·Λ 0 ~ Δ	Percent Owned	6 024 E12	515/1987	Joseph	
Residence Address		1110000		City, State, Zip		Residence Tel	ephone
1723 /	4. SINOL	λ		MESA. Aruza		***	51-1015
Last, First, MI			Percent Owned	Title	Date of Birth	SSN	
Residence Addres	s (Street)		<u> </u>	City, State, Zip		Residence Tel	ephone
Last, First, MI			Percent Owned	Title	Date of Birth	SSN	****
Residence Address (Street)			City, State, Zip	Residence Telephone		ephone	
Manager/Liquor Manager			☐ On-Site ☐ Off-Site	Contact Phone Number			
Residence Address (Street)			City, State, Zip				
Pursuant to NRS	244.33507 and 42	2 U.S.C. Sec. 66	66, you are required	to provide your social secu	rity number on the app	ication for a lic	ense, permit, or
certificate for the	nurnose of deter	mining whethe	r or not you have fa	illed to comply with a subpo e support of a child or you a	ena or warrant relating	g to a proceedin	g to determine
tne paternity of a more children	caud or to establ	usn vi vnivive	an one and the	- calchore or a cuma or Jon a	pry		
	I the activity of yo	our business					
			ITH BEEN,	wide } Liavo	<u></u>		
Type of Liquor I	icense Applying		1	Salari a programa	Comba (On Promis		
🛘 Tavern/Bar	Dining Room		□ Packaged Liquor	Dining Room w/Hard Liquor	□ Combo (On-Premis & Pkg)	1.3 Gent	ral Wholesale
- Cotoring	□ Additi	onal Wet Bars	-	Will there be an Interim N	Ianagement Agreement	7	

Describe in detail	the activity of your business				
	vice Restavant w		, wite } Lioson	Ն	
Type of Liquor L	icense Applying for (If applicabl	e)			
□ Tavern/Bar	Dining Room w/Beer and Wine Only	□ Packaged Liquor	XDining Room w/Hard Liquor	□ Combo (On-Premise & Pkg)	© General Wholesale
□ Catering □ Additional Wet Bars			Will there be an Interim Management Agreement?		
List number of slot machines (If applicable)			List number of table games (If applicable)		
☐ 1 cent ☐ Multi ☐ 5 cent ☐ Poker ☐ Descrition ☐ Mega Buck ☐ 1.00 ☐ Mega Buck ☐ Descrition			☐ Craps ☐ Roulette ☐ Twenty-One ☐ Keno	□ Baccarat □ Race Book □ Sports Book □ Poker	
If this application	is for a change of business name, lo	cation, or ownersh	ip, list the previous name, addi	ress, and owner below	
			or the support of a child		
Check One	I am subject to District Attorn	a court order for t ey or other public a	he support of one or more child agency enforcing the order for t	Iren and am <i>in compliance</i> which the repayment of the amount	vith a plan approved by the owed pursuant to order
	I am subject to District Attorn	a court order for t ey or other public a	he support of one or more child ngency enforcing the order for (	iren and am <i>not in compliand</i> the repayment of the amount	ce with a plan approved by the owed pursuant to order

Г	Please answer this section if your business is located in Carson City. If you are unsure of your answer or are installing signage,						
١g	contact the Planning Division at (775) 887-2180						
aţ;	Is your business l	ocation zoned for this type of business	Has a Special Use Permit been obtain	ined for this bu	siness location		
Information		Yes	Nc				
[ <u>ē</u>	Will you be installing any outdoor signs		Are there any existing signs of the property				
15		Yes	No	40.0			
Wiscellaneous	Will there be any outside storage (If yes, please explain items being stored and how being screened)						
ВÉ	70						
la	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)						
Sce	No						
$\mathbf{z}$	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business						
	Clawing Suppus Quin						
L							
Γ	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						
ns	If any changes are made after completing said license application this office must be notified immediately and an updated is required.						
Regulations	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 of applied penalties and is grounds for the revocation of the license.				the due date will result in			
Rrles a	<ul> <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 2/27/12						

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 39410
Square Footage	32,25	Business License Pro-rated Fee: 395.57
Number of Employees	123.00	Business License Application/Update Fee: 35.
Health Fee	175.00	Liquor License Annual Fee: 2 20 0
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 Pee: 500.00
TOTAL FEES DUE: \86	557	Gaming License Quarterly Fee:
Payment Type ()	(D) 6001Kg)	Gaming License Application Fee:
Received By	Date 47-2012	Fictitious Name Fee:
Date Applicant Fingerprinted	By File#	Health Pre-Inspection Fee: