

**Carson City  
Agenda Report**

**Date Submitted:** September 23, 2014

**Agenda Date Requested:** October 2, 2014

**Time Requested:** 10 minutes

**To:** Liquor and Entertainment Board

**From:** Community Development - Business License Division

**Subject Title:** For possible action to approve Harbans Singh and Chetan Singh as the liquor managers for Walia Enterprises, LLC. dba Aloha Liquor (Liquor License #15-30156) located at 4555 S. Carson St. (Lena Reseck)

**Staff Summary:** All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. Walia Enterprises, LLC. dba Aloha Liquor is applying for a combination packaged and on-premise 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 Harbans Singh and Chetan Singh as the liquor managers for Walia Enterprises, LLC. dba Aloha Liquor (Liquor License #15-30156) located at 4555 S. Carson St.

**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 Health and Human Services Inspection Report  
3) Carson City Sheriff's Office Background Investigation

**Prepared By:** Lena Reseck, Senior Permit Technician

**Reviewed By:**

Maura A. Wicks DCAM  
(City Manager)  
[Signature]  
(District Attorney's Office)  
[Signature]  
(Planning Manager)  
[Signature]  
(Finance Director)

Date: 9/23/14

Date: 9/23/14

Date: \_\_\_\_\_

Date: 9/23/14

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

Aye/Nay

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)

LL#1530156



CARSON CITY LICENSE APPLICATION

Business License #:

14-30756

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

Submittal Date:

8/22/14

<input 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 checked="" type="checkbox"/> Other
Type of License(s)		<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming
Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company

Entity Name		Business Opening Date	
Walia Enterprises LLC.		10-1-14	
Business Name (DBA)		EIN #	
ALOHA LIQUOR		47-164 9924	
Business Address	City	State	Zip Code
4555 S. Carson St.	Carson City	NV	89701
Mailing Address	City	State	Zip Code
Same as the above.			
Corporate Phone	Business Phone	Cellular Phone	Business Fax
	775-882-5544	707-206-1122	
E-mail Address	Business Website		
Bswalia1122@yahoo.com	www.alohanv.com		

Owner(s), Manager(s), or other Principal(s) attach additional pages if required			
Last, First, MI	Percent Owned	Title	Date of Birth
Singh, Harbans	51%	owner/manager	9-7-67
Residence Address (Street)		City, State, Zip	Residence Telephone
2849 Elk lane		Santa Rosa CA 95407	707-206-1122
Last, First, MI	Percent Owned	Title	Date of Birth
Singh, Chetan	49%	Asst manager	04-07-92
Residence Address (Street)		City, State, Zip	Residence Telephone
2849 Elk lane		Santa Rosa CA 95407	707-490-4945
Last, First, MI	Percent Owned	Title	Date of Birth
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

Describe in detail the activity of your business  
liquor licence, selling beer, wine and liquor.

Type of Liquor License Applying for (If applicable)					
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input checked="" type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars _____		Will there be an Interim Management Agreement?		
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 _____		

If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below

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 in compliance 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 not in compliance 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, Business Name Sign.</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>N/A.</i>	

Rules and Regulations	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 <u><i>Harbors sign</i></u>		Date <u><i>8-15-14</i></u>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES	
Business License Fee		<i>63.85</i>	Business License Annual Fee:	<i>248.05</i>
Square Footage		<i>96.90</i>	Business License Pro-rated Fee:	<i>62.01 Oct-Dec 14</i>
Number of Employees	<i>x2</i>	<i>12.30</i>	Business License Application/Update Fee:	<i>25.00</i>
Health Fee		<i>75.00</i>	Liquor License Annual Fee:	<i>900.00</i>
Number of Rental Units			Liquor License Pro-rated Fee:	
Number of Coin Operated Machines			Liquor License Application Fee:	<i>1000.00</i>
Number of Slot Machines			Liquor License Investigation Fee:	<i>575.00</i>
TOTAL FEES DUE: <i>1701.01</i>			Gaming License Quarterly Fee:	
Payment Type <i>CH 144</i>			Gaming License Application Fee:	
Received By: <i>SW</i>	Date: <i>8/22/14</i>		Petition Name Fee:	<i>20.00</i>
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee:	<i>25.00</i>

## Memorandum

TO: Carson City Liquor and Entertainment Board

FROM: Carson City Health and Human Services

DATE: September 18, 2014

RE: October 2, 2014 Meeting – Aloha Liquors



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On Friday, September 12, 2014 an inspection of Aloha Liquors, located 4555 S. Carson St., was conducted. At the time of inspection the premises met CCHHS (Carson City Health & Human Services) standards for the sale of prepackaged wine, beer and spirits. Additional changes, including the installation of hand and three-compartment sinks, are required to package and sell beer on tap in reusable containers. CCHHS does not feel that these necessary changes should impede the approval/processing of the liquor license as they are willingly being addressed by the applicant within the timeline set by CCHHS.

Please contact CCHHS with any questions or concerns.

Phone: (775)887-2190

Fax: (775)887-2248

Marissa Ure   
Environmental Health Specialist I

Copied:

Lena Reseck, Business License