



STAFF REPORT

Report To: Liquor and Entertainment Board

Meeting Date: February 18, 2016

Staff Contact: Lena Reseck, lreseck@carson.org

Agenda Title: For Possible Action: To approve Jose Escobar as the liquor manager for La Santaneca (Liquor License #16-31215) located at 316 E. Winnie Lane. (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. Jose Escobar dba La Santaneca is applying for a beer and wine only liquor license . Staff is recommending approval.

Agenda Action: Formal Action/Motion

Time Requested: 10 minutes

Proposed Motion

I move to approve Jose Escobar as the liquor manager for La Santaneca (Liquor License #16-31215) located at 316 E. Winnie Lane.

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)



CARSON CITY LICENSE APPLICATION

Business License #: **L# 16-31215**

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

15-000 31101

Submittal Date: **12-28-2015**

1	<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 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	Escobar Jose			5 Business Opening Date
6	Business Name (DBA)	La Santaneca			7 EIN #
8	Business Address	316 E. Winnie Lane	City	Carson City	State
9	Mailing Address		City		State
10	Corporate Phone	NA	Business Phone	775-301-6678	Cellular Phone
11	E-mail Address		Business Website		
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI	Percent Owned	Title	Date of Birth	
	Escobar, Jose A	100%	Owner	10-25-70	
	Residence Address (Street)		City, State, Zip		Residence Telephone
	319 Burton St		Carson City NV 89705		
	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				
	adding Beer & wine to license				
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				
	_____ I am not subject to a court order for the support of a child				
	_____ 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				
	_____ 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	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
	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)	
	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>Joe Erwin</i></u> Date <u>12-28-2015</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: <u>1600.00</u>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <u>500.00</u>
Number of Slot Machines		Liquor License Investigation Fee: <u>500.00</u>
TOTAL FEES DUE:	<u>1000.00</u>	Gaming License Quarterly Fee:
Payment Type <u>VISA</u>		Gaming License Application Fee:
Received By <u>SW</u>	Date <u>12/30/2015</u>	Fictitious Name Fee:
Date Applicant Fingerprinted	By <u>SW</u> 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: February 3rd, 2016

Re: Liquor License- La Santaneca

On February 3rd, 2016 an advisory/ routine inspection of La Santaneca, located at 316 E.. Winnie Ln., was conducted.

Our approval is based on the following conditions being met:

- Only single serving beers or wines can be served, and must be stored in a refrigerator behind counter.
- A pre operational inspection.

Please contact CCHHS with any questions or concerns.

Phone: (775) 283-7225

Brendon Gibb
Environmental Health Specialist

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	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
-------------------------------------	---	---	--	---