



## Carson City Planning Division

108 E. Proctor Street  
Carson City, Nevada 89701  
(775) 887-2180 – Hearing Impaired: 711  
planning@carson.org  
www.carson.org/planning

---

### MEMORANDUM

Liquor License Meeting 11/8/2019

**TO:** The Hearings Officer

**FROM:** Brittnee Somers  
Business License Specialist

**DATE:** October 28, 2019

**SUBJECT:** Liquor License: NVC Hospitality LLC, dba Holiday Inn Express & Suites  
at 4055 N Carson St. (Liquor License # #19-33532)

**Recommendation:** To approve an application for a packaged liquor license with Teresa Ann Kees as the liquor manager for NVC Hospitality LLC, dba Holiday Inn Express & Suites at 4055 N. Carson St, subject to the following conditions of approval:

1. The applicant must sign a sworn affidavit consistent with CCMC 4.13.060 regarding a server training course.
2. Alcohol must come from approved sources.
3. No changes to bar set-up may be made without approval from health authority.
4. Health Department approval is for packaged liquor sales only.

Per Carson City Municipal Code 4.13, all liquor license requests are to be reviewed by the Hearings Officer. The Hearings Officer may grant or deny the application for a liquor license or place conditions on a license to ensure compliance with the Municipal Code.

The subject request is to allow NVC Hospitality LLC doing business as Holiday Inn Express & Suites to have a Packaged Liquor License with Teresa Ann Kees as the liquor manager. The applicant is the General Manager for the location. The business is located at 4055 N. Carson Street.

This request has been reviewed by both the Health Department and the Sheriff's Office. The Health Department inspected the premises and is recommending approval based on the above conditions being met.

The Sheriff's office conducted a background check and did not find any disqualifying information based on CCMC 4.13.125.



CARSON CITY LICENSE APPLICATION

Business License #:

14-30532

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

Submittal Date: 7-3-19

1 New Business, 2 Type of License(s), 3 Type of Entity, 4 Entity Name, 5 Business Opening Date, 6 Business Name (DBA), 7 EIN #, 8 Business Address, 9 Mailing Address, 10 Corporate Phone, Business Phone, Cellular Phone, Business Fax, 11 E-mail Address, Business Website

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required. Includes fields for Last, First, MI, Percent Owned, Title, Date of Birth, SSN, and Residence Address for three individuals.

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: HOTEL

14 Type of Liquor License Applying for (If applicable). Includes checkboxes for Tavern/Bar, Dining Room w/Beer and Wine Only, Packaged Liquor, Dining Room w/Hard Liquor, Combo (On-Premise & Pkg), and General Wholesale.

15 Will there be an Interim Management Agreement? Includes checkboxes for Catering and Additional Wet Bars.

16 List number of slot machines (If applicable) and List number of table games (If applicable). Includes checkboxes for 1 cent, 5 cent, 25 cent, 1.00, Multi, Poker, Mega Buck, Craps, Baccarat, Race Book, Sports Book, Twenty-One, Keno, and 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 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. 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.



# CARSON CITY LICENSE APPLICATION

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

Business License #:

Submittal Date:

|   |   |   |   |  |  |                                     |
|---|---|---|---|--|--|-------------------------------------|
| 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 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 <b>NVC Hospitality LLC</b>                              |   |   |  | Business Opening Date                              |                                     |
| 5 | Business Name (DBA) <b>Holiday Inn Express + Suites Carson City</b> |   |   |  | EIN #  |                                     |
| 6 | Business Address <b>4055 N. Carson St.</b>                          |   | City <b>Carson City</b>                 | State <b>NV</b>                                      | Zip Code <b>89706</b>                              |                                     |
| 7 | Mailing Address <b>3148 El Camino Real, Ste 206</b>                 |   | City <b>Santa Clara</b>                 | State <b>CA</b>                                      | Zip Code <b>95051</b>                              |                                     |
| 8 | Corporate Phone   | Business Phone                                      | Cellular Phone                          | Business Fax   |  |                                     |
| 9 | E-mail Address  |   | Business Website                        |  |  |                                     |

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

|   |                               |   |                                 |  |
|---|-------------------------------|---|---------------------------------|--|
| Last, First, MI<br><b>CO, Joie L.</b>                             | Percent Owned<br><b>1.77%</b> | Title<br><b>CFO</b>   | Date of Birth<br><b>2/17/60</b> | SSN<br><b>398 90 2108</b>                  |
| Residence Address (Street)<br><b>2615 El Camino Real, Apt 412</b> |                               | City, State, Zip<br><b>Santa Clara CA 95051</b>                       |                                 | Residence Telephone<br><b>323 428 7246</b> |
| 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<br><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

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 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 *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

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

|                                  |   |   |
|----------------------------------|---|---|
| <b>Miscellaneous Information</b> | 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 Permlt 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   |   |

|                              |  |
|------------------------------|--|
| <b>Rules and Regulations</b> | 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></u> Date <u>7/22/19</u>   |

| 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:               |
| Number of Rental Units   |               | Liquor License Pro-rated Fee:            |
| Number of Coin Operated Machines   |               | Liquor License Application Fee: \$1000   |
| Number of Slot Machines  |               | Liquor License Investigation Fee: \$500  |
| TOTAL FEES DUE: \$1500   |               | Gaming License Quarterly Fee:            |
| Payment Type: Check # 5002   |               | Gaming License Application Fee:          |
| Received By:  | Date: 8/22/19 | Fictitious Name Fee:                     |
| Date Applicant Fingerprinted:  | By:           | File #:                                  |
|  |               | Health Pre-Inspection Fee:               |



**CARSON CITY, NEVADA**  
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To: Liquor Board Hearing Officer

From: Carson City Health and Human Services (CCHHS)

Date: October 10, 2019

Re: Liquor License- Holiday Inn Express

---

This document is in reference to Holiday Inn Express & Suites, located at 4055 N Carson St, Carson City.

Our approval is based on the following conditions being met:

- Alcohol must come from approved sources.
- No changes for a bar may be made without approval from health authority.
- Approval is for packaged liquor sales only.

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<br>(775) 887-2195 | Public Health Preparedness<br>(775) 887-2190 | Human Services<br>(775) 887-2110 | Disease Control &<br>Prevention<br>(775) 887-2190 | Chronic Disease Prevention<br>& Health Promotion<br>(775) 887-2190 |
| Fax: (775) 887-2192                 | Fax: (775) 887-2248                          | Fax: (775) 887-2539              | Fax: (775) 887-2248                               | Fax: (775) 887-2248  |