

Item # 21

**City of Carson City
Agenda Report**

Date Submitted: October 6, 2009

Agenda Date Requested: October 15, 2009

Time Requested: 10 minutes

To: Liquor Board

From: Business License, Public Works

Subject Title: Action to approve Balwinder Thind as the liquor manager for Royal Food Mart packaged liquor license (Liquor License #10-26850) located at 1718 N. Carson St., Carson City. (Jennifer Pruitt)

Staff Summary: Per CCMC 4.13, all liquor license requests are to be reviewed by the Liquor Board.

Type of Action Requested:

☐ Resolution

☐ Ordinance

☒ Formal Action/Motion

☐ Other (Specify)

Does This Action Require A Business Impact Statement: ☐ Yes ☒ No

Recommended Board Action: I move to approve Balwinder Thind as the liquor manager for Royal Food Mart packaged liquor license (Liquor License #10-26850) located at 1718 N. Carson 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

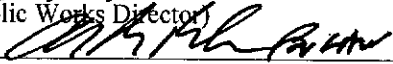
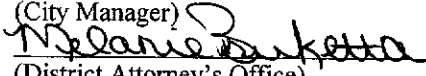
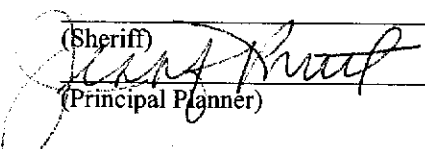
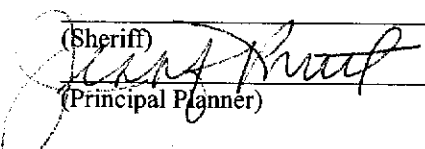
Funding Source: N/A

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 Department Background Investigation

Prepared By: Lena Tripp, Senior Permit Technician

Reviewed By:


(Public Works Director)

(City Manager)

(District Attorney's Office)

(Sheriff)

(Principal Planner)

Date: 10-9-09

Date: 10-9-09

Date: 10-6-09

Date: _____

Date: _____

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)



CARSON CITY
BUSINESS LICENSE DIVISION
**LIQUOR LICENSE
APPLICATION**

Liquor License #

10-26850

Submittal Date

8/25/09

Business Owner's Name, LLC, or Corporation Name

~~RED~~ FIVE STAR MOTEL LLC

Business Address

1718 N CARSON ST.

Mailing Address

CARSON CITY NV 89701

City

State

Zip Code

Business Phone

8821377

Home Phone

Email Address

Month Starting Liquor Sales

Management Agreement on File?

Applicant

Fictitious Firm Name

List All Owners, Partners, or Corporate Officers below

Name and Title

MARBANS S. HADAA

Address

1718 N CARSON ST.

Home Phone

916-786-3224

Name and Title

BALWINDER S. THIND

Address

WATER CREST DR.
2589 GREETING CARSON CITY

Home Phone

Name and Title

~~SAI KUMAR~~

Address

Home Phone

Are you familiar with Nevada Liquor Laws?

Have you ever obtained a Liquor License before; If yes, where?

I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that this liquor license, if approved, may not be transferred to any other person or to any other location, without prior approval by the Liquor Board. I further understand the investigation period may be forty-five (45) days or longer for processing.

Signature

Date

8/21/09

Signature

Date

5-21-09

Signature

Date

FOR OFFICE USE ONLY

FEE STRUCTURE		COLUMN 1	FEES
Dining Room with Beer and Wine Only			
Dining Room with Hard Liquor			
Tavern/Bar			
General Wholesale Liquor			
Packaged Liquor	1		800 ⁰⁰
Combo - Packaged Liquor and On-Premise			
Additional Bar(s) at Location			

BUSINESS LICENSE FEES	
Fire	Annual Fee
Health	Pro-rated Fee
Planning	Application Fee
Environmental	Investigation Fee
Other	TOTAL FEES DUE

PAID
1053
CK NO. 1053
DATE 8/25/09

1000⁰⁰
500⁰⁰
1500⁰⁰

FOR SHERIFF'S DEPARTMENT USE ONLY

Date Applicant Fingerprinted	By	File #
Date Applicant Fingerprinted	By	File #
Date Applicant Fingerprinted	By	File #