Carson City
Agenda Report

Date Submitted: August 7, 2012

Agenda Date Requested: August 16, 2012
Time Requested: 10 minutes

To: Liquor and Entertainment Board

From: Business License Division

Subject Title: For possible action to approve David Martinez, as the liquor manager for Foodies Bystro (Liquor License #13-29110) located at 449 W. King St., Carson City. (Jennifer Pruitt)

Staff Summary: All liquor license requests are to be reviewed by the Liquor Board per CCMC 4.13. David Martinez is applying to be listed as the liquor manager on the license.

Type of Action Requested:

- ☐ Resolution
- ☒ Formal Action/Motion
- ☐ Ordinance
- ☐ Other (Specify)

Does This Action Require A Business Impact Statement: ( ) Yes (X) No

Recommended Board Action: I move to approve David Martinez, as the liquor manager for Foodies Bystro (Liquor License #13-29110) located at 449 W. King 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

Prepared By: Lena Reseck, Senior Permit Technician

Reviewed By:

(Public Works Director) Date: 8-7-12

(City Manager) Date: 8/7/12

(District Attorney's Office) Date: 8/6/12

(Principal Planner) Date: 8-7-12

(Finance Director) Date: 8/7/12

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay

2) _____ _____

_____

_____

_____

_____

_____

_____
(Vote Recorded By)

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 #: 12-29539

Submittal Date: 6-27-2012

1	☐ New Business	☐ Change of Location/Mailing	☐ Change of Name	☐ Change of Corporate Officer	☐ Other
2	Type of License(s)	☐ Business	☐ Short-Term	☐ Gaming	☐ Liquor
3	Type of Entity	☐ Sole Proprietor	☐ Corporation	☐ Partnership	☐ Limited Liability Company	☐ Non-Profit

4	Entity Name: MARTINEZ INVESTMENTS.		5	Business Opening Date: 7-2012
6	Business Name (DBA): FOODIES BYSTRO		7	EIN #
8	Business Address: 449 WEST KING ST	City: CARSON CITY	State: NV	Zip Code: 89703
9	Mailing Address: 449 WEST KING ST	City: CARSON CITY	State: NV	Zip Code: 89703.
10	Corporate Phone: 775 7219577 / Business Phone	Cellular Phone: 775-721-9577		Business Fax
11	E-mail Address: RUPAL@FOODIESCATERING.COM	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	SSN
MARTINEZ, DAVID	100%	MANAGER	12/24/57	[redacted]
Residence Address (Street): 2055 BRIAR Crest Ct		City, State, Zip: Carson City, NV 89703		Residence Telephone: 775 750-7869
Last, First, MI: WADHIA-MARTINEZ, RUPAL	Percent Owned: 0	Title: MANAGER	Date of Birth: 8/20/1970	SSN: [redacted]
Residence Address (Street): 2055 BRIAR Crest Ct		City, State, Zip: Carson City, NV 89703		Residence Telephone: 7757219577
Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone

Manager/Liquor Manager: RUPAL WADHIA-MARTINEZ	☑ On-Site ☐ Off-Site	Contact Phone Number: 775 721 . 9577
Residence Address (Street): 2055 BRIAR Crest Ct	City, State, Zip: CARSON CITY, NV 89703	

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: CAFE / BYSTRO

Type of Liquor License Applying for (If applicable)

14						
	☐ Tavern/Bar	☐ Dining Room w/Beer and Wine Only	☐ Packaged Liquor	☐ Dining Room w/Hard Liquor	☐ Combo (On-Premise & Pkg)	☐ General Wholesale
15	☐ Catering	☐ 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)	
	☐ 1 cent _____	☐ Multi _____	☐ Craps _____	☐ Baccarat _____
	☐ 5 cent _____	☐ Poker _____	☐ Roulette _____	☐ Race Book _____
	☐ 25 cent _____	☐ Mega Buck _____	☐ Twenty-One _____	☐ Sports Book _____
	☐ 1.00 _____		☐ Keno _____	☐ 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

Miscellaneous Information

Please answer this section if your business is *located* 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: YES	Has a Special Use Permit been obtained for this business location: NO
Will you be installing any outdoor signs: NO	Are there any existing signs of the property: YES.
Will there be any outside storage (If yes, please explain items being stored and how being screened): NO	
Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage): NO	
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business: NONE.	

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

- 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

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: C & M Date: 6/27/2012

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 158.00
Square Footage	13.00	Business License Pro-rated Fee: (79.00) July-Dec
Number of Employees	6 | 5	Business License Application/Update Fee: 25.00
Health Fee	75.00	Liquor License Annual Fee:
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 Fee:
TOTAL FEES DUE: 149.00		Gaming License Quarterly Fee:
Payment Type: Ck # 1152		Gaming License Application Fee:
Received By: SW	Date: 6-27-2012	Fictitious Name Fee: 20.00
Date Applicant Fingerprinted	By / File #	Health Pre-Inspection Fee: 25.00

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 #: 13-29110

Submittal Date: 7/6/2021

1	☐ New Business	☐ Change of Location/Mailing	☐ Change of Name	☐ Change of Corporate Officer	☐ Other
2	Type of License(s)	☐ Business	☐ Short-Term	☐ Gaming	☐ Liquor
3	Type of Entity	☐ Sole Proprietor	☐ Corporation	☐ Partnership	☐ Limited Liability Company	☐ Non-Profit

4	Entity Name: MARTINEZ INVESTMENTS	5	Business Opening Date:
6	Business Name (DBA): FOODIES BYSTRO	7	EIN #

8	Business Address	City	State	Zip Code
9	Mailing Address	City	State	Zip Code
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

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
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Last, First, MI	Percent Owned	Title	Date of Birth	SSN
Residence Address (Street)		City, State, Zip		Residence Telephone
Manager/Liquor Manager: DAVID MARTINEZ		☑ On-Site ☐ Off-Site	Contact Phone Number: 775 750 7869	
Residence Address (Street): 2055 BRIAR Crest ct		City, State, Zip: Carson City, NV 89703		

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wednesday 10:00 - liquor appt.

Type of Liquor License Applying for (If applicable)

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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 7/6/2012

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: 600.00
Number of Rental Units			Liquor License Pro-rated Fee:
Number of Coin Operated Machines			Liquor License Application Fee: 300.00
Number of Slot Machines			Liquor License Investigation Fee: 500.00
TOTAL FEES DUE: 1000.00			Gaming License Quarterly Fee:
Payment Type Ck# 1157			Gaming License Application Fee:
Received By SW	Date 7-10-2012		Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: