

## 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 Bistro (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 Bistro (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

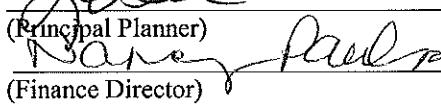
**Reviewed By:**

  
(Public Works Director)

  
(City Manager)

  
(District Attorney's Office)

  
(Principal Planner)

  
(Finance Director)

Date: 8-7-12  
Date: 8/7/12  
Date: 8/7/12  
Date: 8-7-12  
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

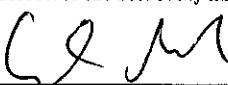
Business License #:

12-29539  
6/21/2012

Submittal Date:

<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
Entity Name 4 MARTINEZ INVESTMENTS				5 Business Opening Date 7-2012	
Business Name (DBA) 6 FOODIES BYSTRO				7 EIN #	
Business Address 8 449 WEST KING ST	City CARSON CITY	State NV	Zip Code 89703		
Mailing Address 9 449 WEST KING ST	City CARSON CITY	State NV	Zip Code 89703		
Corporate Phone 10 775 721 9577	Business Phone	Cellular Phone 775-721-9577	Business Fax		
E-mail Address 11 RUPAL@FoodiesCatering.com	Business Website				
12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
Last, First, MI MARTINEZ / DAVID	Percent Owned 100%	Title MANAGER	Date of Birth 12/24/57	SSN	
Residence Address (Street) 2055 BRIAR Crest Ct	City, State, Zip Carson City, NV 89703 775 750-7869				
Last, First, MI WAONIA MARTINEZ/RUPAL	Percent Owned 0	Title MANAGER	Date of Birth 8/20/1970	SSN	
Residence Address (Street) 2055 BRIAR Crest Ct	City, State, Zip Carson City, NV 89703 775 721 9577				
Last, First, MI	Percent Owned	Title	Date of Birth	SSN	
Residence Address (Street)	City, State, Zip				
Manager/Liquor Manager RUPAL WAONIA-MARTINEZ	<input type="checkbox"/> On-Site <input type="checkbox"/> 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 <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"/> 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	<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 <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 <input type="checkbox"/> 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				

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

<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	
	Date <b>6/27/2012</b>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	<b>63.85</b>	Business License Annual Fee: <b>158.00</b>
Square Footage	<b>13.00</b>	Business License Pro-rated Fee: <b>79.00</b> (July-Dec)
Number of Employees	<b>613</b>	Business License Application/Update Fee: <b>25.00</b>
Health Fee	<b>75.00</b>	Liquor License Annual Fee: <b>25.00</b>
Number of Rental Units		Liquor License Pro-rated Fee: <b>25.00</b>
Number of Coin Operated Machines		Liquor License Application Fee: <b>25.00</b>
Number of Slot Machines		Liquor License Investigation Fee: <b>25.00</b>
<b>TOTAL FEES DUE:</b>	<b>149.00</b>	Gaming License Quarterly Fee: <b>25.00</b>
Payment Type	<b>Ch# 1152</b>	Gaming License Application Fee: <b>25.00</b>
Received By <b>SL</b>	Date <b>6-27-2012</b>	Fictitious Name Fee: <b>20.00</b>
Date Applicant Fingerprinted	By	Health Pre-Inspection Fee: <b>25.00</b>

**CARSON CITY LICENSE APPLICATION**

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Business License #:

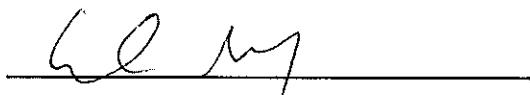
13-29110

Submittal Date:

7/6/2022

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>MARTINEZ INVESTMENTS</b>			Business Opening Date			
5							
6	Business Name (DBA) <b>FOODIES BYSTRO</b>			EIN #			
7							
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		
	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 <b>DAVID MARTINEZ</b>	<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site	Contact Phone Number <b>775 750 7869</b>				
	Residence Address (Street) <b>1055 Briar Crest Ct</b>	City, State, Zip <b>Carson City, NV 89703</b>					
	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  <b>Wednesday 10:00 - Liquor apt.</b>						
	Type of Liquor License Applying For (If applicable)						
14	<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 _____			
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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 <u>7/6/2012</u>

<b>FEES STRUCTURE</b>	<b>FEES</b>	<b>LICENSE TOTAL FEES</b>
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>600.00</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>
<b>TOTAL FEES DUE:</b> <u>1000.00</u>		Gaming License Quarterly Fee:
Payment Type: <u>Check 1517</u>		Gaming License Application Fee:
Received By <u>SD</u>	Date <u>7/6/2012</u>	Fictitious Name Fee:
Date Applicant Fingerprinted	By _____	Health Pre-Inspection Fee: