



# 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

**TO:** The Hearings Officer

**FROM:** Lena Reseck  
Senior Permit Technician

**DATE:** August 21, 2017

**SUBJECT:** Liquor License: Neon Salt LLC – 108 W. Telegraph St.

**Recommendation:** To approve a liquor license for Neon Salt LLC at 108 W. Telegraph St. with Jennifer Lebaron-Smith as the liquor manager 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. The facility needs to operate within the requirements of Nevada Administrative Code 446.
3. The applicant needs to obtain a Carson City Building Permit to meet ADA Compliance and the Occupancy Load as outlined by the Carson City Building Official.

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 Hearings Officer considers the recommendation of the Sheriff's office and the Health Department in making his decision.

The subject request is to allow Neon Salt LLC to have a liquor license, with Ms. Jennifer Lebaron-Smith as the liquor manager. The applicant is seeking to operate a DIY project and painting class business that serves beer and wine. The business is located at 108 W. Telegraph St.

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 subject to:

1. The facility needs to operate within the requirements of NAC 446, the Nevada Food and Drink Code.

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**

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

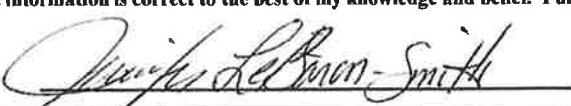
Business License #:

7-32414 / 18 -32223

Submittal Date: 7/18/2017

1	New Business	Change of Location/Mailing	Change of Name	Change of Corporate Officer	Other
2	Type of License(s)	Business		Gaming	
3	Type of Entity	Sole Proprietor	Corporation	Partnership	Limited Liability Company
4	Entity Name <b>NEON SALT</b>			5	Business Opening Date <b>8/5/17</b>
6	Business Name (DBA) <b>NEON SALT</b>			7	EIN # <b>82-1723694</b>
8	Business Address <b>108 W TELEGRAPH ST</b>		City <b>CARSON CITY</b>	State <b>NV</b>	Zip Code <b>89703</b>
9	Mailing Address <b>108 W TELEGRAPH ST</b>		City <b>CARSON CITY</b>	State <b>NV</b>	Zip Code <b>89703</b>
10	Corporate Phone <b>N/A</b>	Business Phone <b>N/A</b>	Cellular Phone <b>(775) 220-0608</b>	Business Fax <b>N/A</b>	
11	E-mail Address <b>jeninprint@aol.com</b>		Business Website <b>neonsalt.com</b>		
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI <b>LEBARON-SMITH, JENNIFER, A</b>	Percent Owned <b>45</b>	Title <b>MANAGER</b>		
	Residence Address (Street) <b>108 W TELEGRAPH ST</b>	City, State, Zip <b>CARSON CITY, NV 89703</b>	Residence Telephone <b>(775) 220-0608</b>		
	Last, First, MI <b>CHUDY, GLORIA, K</b>	Percent Owned <b>45</b>	Title <b>MANAGER</b>		
	Residence Address (Street) <b>PO Box 1494</b>	City, State, Zip <b>CARSON CITY, NV 89702</b>	Residence Telephone <b>(775) 232-5771</b>		
	Last, First, MI <b>SMITH, SAMANTHA, L</b>	Percent Owned <b>10</b>	Title <b>MANAGER</b>		
	Residence Address (Street) <b>1052 CRAN ST</b>	City, State, Zip <b>CARSON CITY, NV 89703</b>	Residence Telephone <b>(775) 220-5554</b>		
	Liquor Manager (if applicable) <b>JENNIFER LEBARON-SMITH</b>	On-Site Off-Site	Contact Phone Number <b>(775) 220-0608</b>		
	Residence Address (Street) <b>108 W TELEGRAPH ST</b>	City, State, Zip <b>CARSON CITY, NV 89703</b>			
13	Describe in detail the activity of your business <b>DIY PROJECTS &amp; PAINTING CLASSES WITH DRINKS</b>				
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)
	Catering	Additional Wet Bars		Will there be an Interim Management Agreement? <b>NO</b>	
15	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:				
	<b>NV 20171352739</b> <b>XP 6/30/2018</b>				

<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>YES</b>	Are there any existing signs of the property <b>NO</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>CLEANING SUPPLIES, PAINT &amp; CRAFT GLUES WILL BE CONTAINED IN STORAGE CLOSETS</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 update 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>7/19/17</b>	

<b>FEES STRUCTURE</b>		<b>FEES</b>	<b>LICENSE TOTAL FEES</b>
Business License Fee		<b>63.85</b>	Business License Annual Fee: <b>170.30</b>
Square Footage		<b>13.00</b>	Business License Pro-rated Fee: <b>71.53</b>
Number of Employees	<b>3</b>	<b>\$18.45</b>	Business License Application/Update Fee: <b>25</b>
Health Fee	<b>Health 8</b>	<b>75</b>	Liquor License Annual Fee: <b>600</b>
Number of Rental Units			Liquor License Pro-rated Fee:
Number of Coin Operated Machines			Liquor License Application Fee: <b>500</b>
Number of Slot Machines			Liquor License Investigation Fee: <b>500</b>
<b>TOTAL FEES DUE:</b>		<b>1121.53</b>	Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By	<b>Resick</b>	Date <b>7/18/2017</b>	Fictitious Name Fee:
Date Applicant Fingerprinted	<b>7/19/17 @ 9:00</b>	By	File #
			Health Pre-Inspection Fee: <b>25</b>



# CARSON CITY, NEVADA

## CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

### Memorandum

To: Carson City Liquor Board Hearing Officer  
From: Carson City Health and Human Services (CCHHS)  
Date: August 10, 2017  
Re: Liquor License-Neon Salt 108 W. Telegraph St.

---

On August 10, 2017 a routine planning visit with Jennifer Smith of the proposed Neon Salt, located at 108 W. Telegraph St. was conducted. We discussed the proper commercial equipment requirements, self-closers on the rest room doors and sinks that Ms. Smith needs to have installed to meet the requirements of NAC 446, The Nevada Food Code. In addition, she needs to contact Carson City Building Department for consultation with regard to the Non-ADA compliant restrooms in the facility. If all these contingencies are met, then the Carson City Department of Health and Human Services has no problems regarding a liquor license for this establishment. Please contact CCHHS with any questions or concerns.

Phone: (775) 887-2190  
Fax: (775) 887-2248

Robert Elliott, REHS  
Environmental Health Specialist  
Disease Prevention and Control  
Carson City Health and Human Services

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 Fax: (775) 887-2192	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
--	---	---	---	--