



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			Business License #:				
		Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature			17-32414 / 18 - 32223 Submittal Date: 7/18/2017				
<input checked="" 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	
Type of License(s)		Business		Short-Term		Gaming		<input checked="" type="checkbox"/> Liquor	
Type of Entity		Sole Proprietor		Corporation		Partnership		<input checked="" type="checkbox"/> Limited Liability Company	
Entity Name		NEON SALT		Business Opening Date		8/5/17			
Business Name (DBA)		NEON SALT		EIN #		82-1723694			
Business Address		108 W TELEGRAPH ST		City		CARSON CITY		State NV	
Mailing Address		108 W TELEGRAPH ST		City		CARSON CITY		State NV	
Corporate Phone		N/A		Business Phone		N/A		Cellular Phone (775) 220-0608	
E-mail Address		jeninprint@aol.com		Business Website		neonsalt.com		Business Fax N/A	
12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required									
Last, First, MI				Percent Owned		Title			
LEBARON-SMITH, JENNIFER, A				45		MANAGER			
Residence Address (Street)				City, State, Zip		Residence Telephone			
108 W TELEGRAPH ST				CARSON CITY, NV 89703		(775) 220-0608			
Last, First, MI				Percent Owned		Title			
CHUDY, GLORIA, K				45		MANAGER			
Residence Address (Street)				City, State, Zip		Residence Telephone			
PO BOX 1494				CARSON CITY, NV 89702		(775) 232-5771			
Last, First, MI				Percent Owned		Title			
SMITH, SAMANTHA, L				10		MANAGER			
Residence Address (Street)				City, State, Zip		Residence Telephone			
1052 CRAIN ST				CARSON CITY, NV 89703		(775) 220-5554			
Liquor Manager (if applicable)				<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		Contact Phone Number			
JENNIFER LEBARON-SMITH						(775) 220-0608			
Residence Address (Street)				City, State, Zip					
108 W TELEGRAPH ST				CARSON CITY, NV 89703					
13 Describe in detail the activity of your business									
DIY PROJECTS & PAINTING CLASSES WITH DRINKS									
Type of Liquor License Applying for (If applicable)									
Tavern/Bar		<input checked="" type="checkbox"/> 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?			
						NO			
16 List number of slot machines (If applicable)					List number of table games (If applicable)				
1 cent _____ Multi _____ 5 cent _____ Poker _____ 25 cent _____ Mega Buck _____ 1.00 _____					Craps _____ Baccarat _____ Roulette _____ Race Book _____ Twenty-One _____ Sports Book _____ Keno _____ Poker _____				
17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:									
NV 20171352739 XP 6/30/2018									

Miscellaneous Information	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 <u>YES</u>	Has a Special Use Permit been obtained for this business location <u>NO</u>
	Will you be installing any outdoor signs <u>YES</u>	Are there any existing signs of the property <u>NO</u>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <u>NO</u>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <u>NO</u>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <u>CLEANING SUPPLIES, PAINT & CRAFT GLUES WILL BE CONTAINED IN STORAGE CLOSETS</u>	

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	
	<ul style="list-style-type: none"> • 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 <u><i>Joseph LeBrun-Smith</i></u>	Date <u>7/12/17</u>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	<u>63.85</u>	Business License Annual Fee: <u>170.30</u>
Square Footage	<u>13.00</u>	Business License Pro-rated Fee: <u>71.53</u>
Number of Employees <u>3</u>	<u>\$18.45</u>	Business License Application/Update Fee: <u>25</u>
Health Fee <u>Health 8</u>	<u>75</u>	Liquor License Annual Fee: <u>600</u>
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: <u>500</u>
Number of Slot Machines		Liquor License Investigation Fee: <u>500</u>
TOTAL FEES DUE: <u>1121.53</u>		Gaming License Quarterly Fee:
Payment Type <u>1st 1004</u>		Gaming License Application Fee:
Received By <u>Besick</u>	Date <u>7/18/2017</u>	Fictitious Name Fee:
Date Applicant Fingerprinted <u>7/19/17 @ 9⁰⁰</u>	By	File #
		Health Pre-Inspection Fee: <u>25</u>



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