



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: November 14, 2017

SUBJECT: Liquor License: Flavors of India (Liquor License #18-32236)

Recommendation: To approve a liquor license for Manpreet Kaur dba Flavors of India at 1105 S. Carson St. with Manpreet Kaur 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. A preoperational inspection must be conducted by the Health Department.
3. Serving of alcohol must come from approved sources.
4. No changes to the bar setup may be made without approval from Health authority.
5. Proper handwashing sinks and dump sinks must be present.

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 Manpreet Kaur dba Flavors of India to have a liquor license, with Manpreet Kaur as the liquor manager. The applicant is seeking to operate an Indian restaurant. The business is located at 1105 S. Carson 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 based on the conditions above being met.

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 #: 17-32521

Liquor # 18-32236

Submittal Date: 9/7/2017

1	<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
2	Type of License(s)	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input type="checkbox"/> Liquor
3	Type of Entity	<input checked="" 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	Kaur, Manpreet		5	Business Opening Date
6	Business Name (DBA)	Flavors of India		7	EIN #
8	Business Address	1105 S. Carson St.	City Carson City	State NV	Zip Code 89701
9	Mailing Address	2645 Highwood Dr	City San Jose	State CA	Zip Code 95116
10	Corporate Phone	Business Phone	Cellular Phone	Business Fax	
11	E-mail Address	mjst51026@yahoo.com		Business Website	
12	Ownert(s), Manager(s), or other Principal(s) attach additional pages if required				
	Last, First, MI	Percent Owned	Title		
	Kaur, Manpreet	100	Owner		
	Residence Address (Street)	City, State, Zip	Residence Telephone		
	611 College Pkwy #37	Carson City, NV 89706	408-644-1483		
	Last, First, MI	Percent Owned	Title		
	Residence Address (Street)	City, State, Zip	Residence Telephone		
	Last, First, MI	Percent Owned	Title		
	Residence Address (Street)	City, State, Zip	Residence Telephone		
	Liquor Manager (if applicable)	<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number		
	Kaur, Manpreet		408-644-1483		
	Residence Address (Street)	City, State, Zip			
	611 College Pkwy #37	Carson City, NV 89706			
13	Describe in detail the activity of your business				
	Indian Restaurant				
14	Type of Liquor License Applying for (If applicable)				
	<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input type="checkbox"/> Packaged Liquor	<input checked="" type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)
	<input type="checkbox"/> Catering	<input type="checkbox"/> 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)		
	<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:				

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 yes	Has a Special Use Permit been obtained for this business location no
	Will you be installing any outdoor signs	Are there any existing signs of the property
	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 n/a	

Rules and Regulations	<p>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</p> <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.
	<p>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.</p> <p>Applicant's Signature <u>Manpreet Kaur</u> Date <u>7/1/17</u></p>

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
Business License Fee	63.85	Business License Annual Fee: 301.45
Square Footage 1500	13.00	Business License Pro-rated Fee: 125.36
Number of Employees 4		Business License Application/Update Fee: 25.00
Health Fee 10 per 70 seats		Liquor License Annual Fee: 600
Number of Rental Units		Liquor License Pro-rated Fee:
Number of Coin Operated Machines		Liquor License Application Fee: 1000
Number of Slot Machines		Liquor License Investigation Fee: 500
TOTAL FEES DUE: 1125.36		Gaming License Quarterly Fee:
Payment Type #174		Gaming License Application Fee:
Received By <u>Beck</u>	Date 9/1/17	Fictitious Name Fee: 20 Pd on 7/1/17
Date Applicant Fingerprinted 9/1/17 @ 10am	By	File #
		Health Pre-Inspection Fee: 25



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To: Liquor Board Hearing Officer

From: Carson City Health and Human Services (CCHHS)

Date: November 7th, 2017

Re: Liquor License- Flavors of India

On November 7, 2017 an advisory consultation with Flavors of India, located at 2329 N. Carson St., was conducted.

Our approval is based on the following conditions being met:

- A pre operational inspection.
- Serving of alcohol must come from approved sources.
- No changes to bar set up may be made without approval from health authority. Proper handwashing sinks and dump sinks must be present.

Please contact CCHHS with any questions or concerns.

Phone: (775) 283-7225

Brendon Gibb
Environmental Health Specialist

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
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