



# Carson City Planning Division

108 E. Proctor Street  
Carson City, Nevada 89701  
(775) 887-2180 – Hearing Impaired: 711  
[planning@carson.org](mailto:planning@carson.org)  
[www.carson.org/planning](http://www.carson.org/planning)

## MEMORANDUM

Liquor License

**TO:** The Hearings Officer

**FROM:** Lena Reseck  
Senior Permit Technician

**DATE:** February 13, 2019

**SUBJECT:** Liquor License: Maria's Mexican Restaurant (Liquor License #19-33244)

**Recommendation:** To approve a dining room with a hard liquor license for Antonio Ortega-Avila dba Maria's Mexican Restaurant at 1939 North Carson Street with Antonio Ortega-Avila 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.

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 Antonio Ortega-Avila dba Maria's Mexican Restaurant to have a dining room with a hard liquor license, with Antonio Ortega-Avila as the liquor manager. The applicant is seeking to operate a Mexican restaurant. The business is located at 1939 N. 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.

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 #: 19-33243/19-33244

Submittal Date:

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	Other	
2	Type of License(s)	Business		<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	Alcohol
3	Type of Entity	<input checked="" type="checkbox"/> Sole Proprietor	Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit
4	Entity Name <i>Maria's Mexican Restaurant</i>			5	Business Opening Date	
6	Business Name (DBA) <i>Antonio Ortega-Avila</i>			7	EIN # <i>83-2978621</i>	
8	Business Address <i>1939 N. Carson St.</i>	City <i>Carson City</i>	State <i>Nevada</i>	Zip Code <i>89701</i>		
9	Mailing Address <i>Same</i>	City	State	Zip Code		
10	Corporate Phone <i>775-841-3355</i>	Business Phone <i>775-445-0205</i>	Cellular Phone <i>775-445-0205</i>	Business Fax		
11	E-mail Address <i>Tony89703@yahoo.com</i>					
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
Last, First, MI <i>Ortega-Avila, Antonio</i>		Percent Owned <i>100%</i>	Title <i>Owner</i>		Residence Telephone <i>Carson City NV 89701 775-445-0205</i>	
Residence Address (Street) <i>1501 Monte Rosa Dr.</i>		City, State, Zip				
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 type="checkbox"/> On-Site <input type="checkbox"/> Off-Site			Contact Phone Number	
Residence Address (Street)		City, State, Zip				

13 Describe in detail the activity of your business

*Mexican Restaurant*

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
	<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 _____		

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:

*Change of ownership*

*New Business*

<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 on 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>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	<i>A. Oteyee</i>	Date <i>1-10-19</i>

FEE STRUCTURE		FEE	LICENSE TOTAL FEES
Business License Fee			Business License Annual Fee:
Square Footage <i>2500</i>			Business License Pro-rated Fee:
Number of Employees <i>2</i>			Business License Application/Update Fee: <i>25</i>
Health Fee			Liquor License Annual Fee:
Number of Rental Units <i>0</i>			Liquor License Pro-rated Fee:
Number of Coin Operated Machines <i>0</i>			Liquor License Application Fee: <i>1000</i>
Number of Slot Machines <i>0</i>			Liquor License Investigation Fee: <i>500</i>
TOTAL FEES DUE: <i>1753.40</i>			Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By <i>Busek</i>	Date <i>1/17/19</i>		Fictitious Name Fee: <i>20</i>
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: <i>25</i>



## CARSON CITY, NEVADA

### CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

#### Memorandum

To: Carson City Liquor and Entertainment Board  
From: Carson City Health and Human Services (CCHHS)  
Date: January 25, 2019  
Re: Liquor License-Maria's Restaurant 1939 N. Carson Street

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Maria's Restaurant, 1939 North Carson Street, was inspected for a change of ownership on January 24<sup>th</sup> and 25<sup>th</sup>, 2019 and was noted to be in general compliance with Nevada Administrative Code 446, the Nevada Restaurant Code. Carson City Health and Human Services has no issue regarding a liquor license application approval for this business.

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