



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 Meeting 11/8/2019

TO: The Hearings Officer

FROM: Brittnee Somers
Business License Specialist

DATE: October 28, 2019

SUBJECT: Liquor License: NVC Hospitality LLC, dba Holiday Inn Express & Suites
at 4055 N Carson St. (Liquor License # #19-33532)

Recommendation: To approve an application for a packaged liquor license with Teresa Ann Kees as the liquor manager for NVC Hospitality LLC, dba Holiday Inn Express & Suites at 4055 N. Carson St, 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. Alcohol must come from approved sources.
3. No changes to bar set-up may be made without approval from health authority.
4. Health Department approval is for packaged liquor sales only.

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 subject request is to allow NVC Hospitality LLC doing business as Holiday Inn Express & Suites to have a Packaged Liquor License with Teresa Ann Kees as the liquor manager. The applicant is the General Manager for the location. The business is located at 4055 N. Carson Street.

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 above conditions 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 #:

14-33532

Submittal Date: 7-3-19

1 <input type="checkbox"/> New Business	2 <input type="checkbox"/> Change of Location/Mailing	3 <input type="checkbox"/> Change of Name	4 <input type="checkbox"/> Change of Corporate Officer	5 <input checked="" type="checkbox"/> Other	
6 Type of License(s)	7 <input type="checkbox"/> Business	8 <input type="checkbox"/> Short-Term	9 <input type="checkbox"/> Gaming	10 <input checked="" type="checkbox"/> Liquor	
11 Type of Entity	12 <input type="checkbox"/> Sole Proprietor	13 <input type="checkbox"/> Corporation	14 <input type="checkbox"/> Partnership	15 <input checked="" type="checkbox"/> Limited Liability Company	16 <input type="checkbox"/> Non-Profit
Entity Name NVC Hospitality LLC			5	Business Opening Date 6-29-18	
Business Name (DBA) Holiday Inn Express & Suites Carson City			6	EIN # 82-5472619	
Business Address 4055 N. Carson St.		7 City Carson City	8 State NV	Zip Code 89706	
Mailing Address 3148 El Camino Real, Ste 206		9 City Santa Clara	10 State CA	Zip Code 95051	
Corporate Phone 408 431 7071		11 Business Phone 775-283-4055	12 Cellular Phone 408 431 7071	Business Fax 775 841 4055	
E-mail Address HIECARSON@gmail.com		Business Website www.hiecarson.com			
13 Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
14 Last, First, MI CO, CHESTER L.	15 Percent Owned 1.77%	16 Title Secretary	17 Date of Birth 06/02/66	18 SSN 614-53-0459	
Residence Address (Street) 2615 El Camino Real Apt 412		City, State, Zip Santa Clara, CA 95051		Residence Telephone 408 431 7071	
19 Last, First, MI CO, ERNEST Oliver	20 Percent Owned 1.77%	21 Title President	22 Date of Birth 04/13/71	23 SSN 624 26 0088	
Residence Address (Street) 5420 McCulloch Ave		City, State, Zip Temple City, CA 91780		Residence Telephone 213 550 8931	
24 Last, First, MI CO Lawrence L.	25 Percent Owned 1.77%	26 Title Director	27 Date of Birth 05/12/76	28 SSN 608 78 4990	
Residence Address (Street) 1516 Hester Ave		City, State, Zip San Jose, CA 95126		Residence Telephone 408 368 9874	
Manager/Liquor Manager		<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site		Contact Phone Number	
Residence Address (Street)		City, State, Zip			

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

HOTEL

Type of Liquor License Applying for (If applicable)

14 <input type="checkbox"/> Tavern/Bar	15 <input type="checkbox"/> Dining Room w/Beer and Wine Only	16 <input checked="" type="checkbox"/> Packaged Liquor	17 <input type="checkbox"/> Dining Room w/Hard Liquor	18 <input type="checkbox"/> Combo (On-Premise & Pkg)	19 <input type="checkbox"/> General Wholesale
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20 <input type="checkbox"/> Catering	21 <input type="checkbox"/> Additional Wet Bars _____	22 Will there be an Interim Management Agreement?
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16 List number of slot machines (If applicable) List number of table games (If applicable)

23 <input type="checkbox"/> 1 cent _____	24 <input type="checkbox"/> Multi _____	25 <input type="checkbox"/> Craps _____	26 <input type="checkbox"/> Baccarat _____
27 <input type="checkbox"/> 5 cent _____	28 <input type="checkbox"/> Poker _____	29 <input type="checkbox"/> Roulette _____	30 <input type="checkbox"/> Race Book _____
31 <input type="checkbox"/> 25 cent _____	32 <input type="checkbox"/> Mega Buck _____	33 <input type="checkbox"/> Twenty-One _____	34 <input type="checkbox"/> Sports Book _____
35 <input type="checkbox"/> 1.00 _____		36 <input type="checkbox"/> Keno _____	37 <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	I am not subject to a court order for the support of a child
	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
	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

**CARSON CITY LICENSE APPLICATION**

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Business License #:

Submittal Date:

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 <i>NVC Hospitality LLC</i>			5	Business Opening Date	
6	Business Name (DBA) <i>Holiday Inn Express & Suites Carson City</i>			7	EIN #	
8	Business Address <i>4055 N. Carson St.</i>		City <i>Carson City</i>	State <i>NV</i>	Zip Code <i>89706</i>	
9	Mailing Address <i>3148 El Camino Real, Ste 206</i>		City <i>Santa Clara</i>	State <i>CA</i>	Zip Code <i>95051</i>	
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 <i>Co. Jozie L.</i>	Percent Owned <i>1.77%</i>	Title <i>CFO</i>	Date of Birth <i>2/17/60</i>	SSN <i>398 90 2108</i>	
	Residence Address (Street) <i>2615 El Camino Real, Apt 412</i>		City, State, Zip <i>Santa Clara CA 95051</i>		Residence Telephone <i>323 428 7246</i>	
	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		<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					
	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"/> 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					
18	Check One	I am not subject to a court order for the support of a child				
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						
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						

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	Has a Special Use Permit been obtained for this business location
	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)	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage)	
Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business		

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 update 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		Date

FEE STRUCTURE	FEE	LICENSE TOTAL FEES
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:
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: \$1500		Gaming License Quarterly Fee:
Payment Type Check # 5002		Gaming License Application Fee:
Received By BS	Date 8/22/19	Fictitious Name Fee:
Date Applicant Fingerprinted	By	Health Pre-Inspection Fee:



CARSON CITY, NEVADA

CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To: Liquor Board Hearing Officer
From: Carson City Health and Human Services (CCHHS)
Date: October 10, 2019
Re: Liquor License- Holiday Inn Express

This document is in reference to Holiday Inn Express & Suites, located at 4055 N Carson St, Carson City.

Our approval is based on the following conditions being met:

- Alcohol must come from approved sources.
- No changes for a bar may be made without approval from health authority.
- Approval is for packaged liquor sales only.

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