



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 11/27/2019

TO: The Hearings Officer

FROM: Brittnee Somers
Business License Specialist

DATE: November 19, 2019

SUBJECT: Liquor License: Thai Bistro Corporation dba The Bistro
at 311 N. Carson St (Liquor License # #19-33541)

Recommendation: To approve a Dining Room with Beer and Wine only liquor license for Thai Bistro Corporation dba, The Basil with Nop Watanar as the liquor manager subject 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 subject request is to allow Thai Bistro Corporation, dba The Basil, to have a dining room with beer and wine only with Nop Watanar as the liquor manager. The applicant is opening a new Thai restaurant. The business is located at 311 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 previously conducted a background check and did not find any disqualifying information in 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 #: 14-32664
14-33541
Submittal Date: 9-5-19

| | | | | | |
|----|--|---|---|--|--|
| 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 | 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 THAI BISTRO CORPORATION | | | 5 | Business Opening Date OCTOBER 1 st 2019 |
| 6 | Business Name (DBA) THE BASIL | | | 7 | EIN # |
| 8 | Business Address 311 N. CARSON ST # C | | City CARSON CITY | State NV | Zip Code 89701 |
| 9 | Mailing Address SAME | | City | State | Zip Code |
| 10 | Corporate Phone | Business Phone 775 841-6100 | Cellular Phone (818) 521-2116 | Business Fax | |
| 11 | E-mail Address BOBMANG23@GMAIL.COM | | Business Website | | |

| | | | |
|---|--|---|---------------------------------------|
| 12 Owners(s), Manager(s), or other Principal(s) attach additional pages if required | | | |
| Last, First, MI KUNG VANWONG WICHAI | | Percent Owned | Title DIRECTOR |
| Residence Address (Street) 635 ST. ANDREW DR. | | City, State, Zip DAYTON NV 89403 | Residence Telephone (818) 521 2116 |
| 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) SAME | | <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) | | | | |
| <input type="checkbox"/> Tavern/Bar | <input checked="" 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"/> Catering | <input type="checkbox"/> Additional Wet Bars | | Will there be an Interim Management Agreement? <u>Y</u> | |

| | | | |
|---|------------------------------------|--|--------------------------------------|
| 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:

14-22893

| | | |
|---------------------------|---|--|
| 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 NO | Are there any existing signs of the property YES |
| | 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 NONE | |

| | |
|-----------------------|---|
| 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 _____ Date _____</p> |
|-----------------------|---|

| FEE STRUCTURE | FEE | LICENSE TOTAL FEES |
|----------------------------------|--------|--|
| Business License Fee | 63.85 | Business License Annual Fee: \$276.45 |
| Square Footage | 32.25 | Business License Pro-rated Fee: \$91.23 |
| Number of Employees 9 | 55.35 | Business License Application/Update Fee: \$25 |
| Health Fee | 125 | Liquor License Annual Fee: |
| Number of Rental Units | / | Liquor License Pro-rated Fee: |
| Number of Coin Operated Machines | / | Liquor License Application Fee: \$500 |
| Number of Slot Machines | / | Liquor License Investigation Fee: 2 same manager |
| TOTAL FEES DUE: \$661.23 | | Gaming License Quarterly Fee: |
| Payment Type | | Gaming License Application Fee: |
| Received By | Date | Fictitious Name Fee: \$20 |
| Date Applicant Fingerprinted | By | Health Pre-Inspection Fee: \$25 |
| | File # | |

775-508-6949

liquor hearing 618-521-2116



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: September 26, 2019

Re: The Basil

On September 26, 2019 a routine pre-opening inspection at The Basil at 311 N. Carson St.. was conducted by Inspector Brendon Gibb. No new construction was noted since change of ownership, and no issues were noted. The Carson City Department of Health and Human Services has no concerns to limit a liquor license for this establishment. Please contact CCHHS with any questions or concerns.

Phone: (775) 887-2190

Fax: (775) 887-2248

Brendon Gibb, 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 |
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