



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 #: 14-33664
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			Business Opening Date OCTOBER 15/2019		
5				EIN #		
6	Business Name (DBA) THE BASIL					
7						
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 775 841-6100	Business Phone (818)521-2116	Cellular Phone	Business Fax		
11	E-mail Address BOB.NANG83@GMAIL.COM			Business Website		
12	Owner(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)5212116			
	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)					
14	<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"/> General Wholesale
	<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 <i>YES</i>	Has a Special Use Permit been obtained for this business location <i>NO</i>
	Will you be installing any outdoor signs <i>NO</i>	Are there any existing signs of the property <i>YES</i>
	Will there be any outside storage (If yes, please explain items being stored and how being screened) <i>NO</i>	
	Will any commercial vehicles be used for this business (If yes, please describe size, type, and location of storage) <i>NO</i>	
	Please list the quantities, types, and storage location of any chemicals or hazardous materials that will be used for this business <i>NONE</i>	

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		Date

FEE STRUCTURE		FEE	LICENSE TOTAL FEES
Business License Fee		<i>103.85</i>	Business License Annual Fee: <i>\$276.45</i>
Square Footage		<i>32.25</i>	Business License Pro-rated Fee: <i>\$91.23</i>
Number of Employees <i>9</i>		<i>55.35</i>	Business License Application/Update Fee: <i>\$25</i>
Health Fee		<i>125</i>	Liquor License Annual Fee:
Number of Rental Units		/	Liquor License Pro-rated Fee:
Number of Coin Operated Machines		/	Liquor License Application Fee: <i>\$500</i>
Number of Slot Machines		/	Liquor License Investigation Fee: <i>8 Salvo Manager</i>
TOTAL FEES DUE: <i>\$1601.23</i>			Gaming License Quarterly Fee:
Payment Type			Gaming License Application Fee:
Received By	Date		Fictitious Name Fee: <i>\$20</i>
Date Applicant Fingerprinted	By	File #	Health Pre-Inspection Fee: <i>\$25</i>

775-508-6949

liquor hearing 610-521-2116



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