



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 Hearing November 18, 2020

TO: The Hearings Officer

FROM: Hope Sullivan
Planning Manager

DATE: November 9, 2020

SUBJECT: **Liquor License: Capital City Sushi: 319 N Carson Street
(Liquor-005534-2020)**

Recommendation: To approve a Dining Room with Beer and Wine only for CapCitySushi LLC dba Capital City Sushi located at 319 North Carson Street, with Bradley Armstrong as the Liquor Manager subject to the following conditions of approval.

1. Alcohol must come from approved sources.
2. Changes to equipment or setup must be approved by the Health Authority.
3. Business must adhere to FDA Food Code and NAC 446 for operational purposes.
4. 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 a Dining Room with Beer and Wine Only for Capital City Sushi located at 319 North Carson Street, with Bradley Armstrong as the liquor manager.

This request has been reviewed by both the Health Department and the Sheriff's Office. The Health Department has inspected the premises and recommended approval subject to conditions 1 – 3 in this staff report.

The Sheriff's office conducted a background check on Bradley Armstrong and did not find any disqualifying information based on CCMC 4.13.125.

Attachments:

Application
Report from the Sheriff's Office
Memorandum from the Health Department

**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 #:

LIQUOR # 0055342020

Submittal Date:

8/19/2020

| | | | | | |
|----|---|--|--|--|---------------------------|
| 1 | New Business <input checked="" type="checkbox"/> | Change of Location/Mailing | Change of Name | Change of Corporate Officer | Other |
| 2 | Type of License(s) | Business | Short-Term | Gaming | Liquor |
| 3 | Type of Entity | Sole Proprietor | Corporation | Partnership | Limited Liability Company |
| 4 | Entity Name CAPCITYSUSHI LLC | | | Business Opening Date | |
| 5 | Business Name (DBA) CAPITAL CITY SUSHI | | | EIN # | |
| 6 | Business Address 319 N CARSON ST | | City CARSON CITY | State NV | Zip Code 89701 |
| 7 | Mailing Address PO BOX 51477 | | City SPARKS | State NV | Zip Code 89435 |
| 8 | Corporate Phone | Business Phone 775-883-2372 | Cellular Phone 775-722-2334 | Business Fax | |
| 9 | E-mail Address BRADTALLCOOL1@GMAIL.COM | | Business Website CAPITALCITYSUSHI.COM | | |
| 10 | Owner(s), Manager(s), or other Principal(s) attach additional pages if required | | | | |
| 11 | Last, First, MI ARMSTRONG, BRADLEY, C | | Percent Owned 51 | Title OWNER | |
| 12 | Residence Address (Street) 1645 SOUTHVIEW DR | | City, State, Zip SPARKS, NV 89436 | Residence Telephone 775-722-2334 | |
| 13 | Last, First, MI DAVIS, JAUAN A | | Percent Owned 49 | Title OWNER | |
| 14 | Residence Address (Street) 4800 TURNING LEAF WAY | | City, State, Zip RENO, NV 89519 | Residence Telephone 775-313-1857 | |
| 15 | Last, First, MI | | Percent Owned | Title | |
| 16 | Residence Address (Street) | | City, State, Zip | Residence Telephone | |
| 17 | Liquor Manager (if applicable) JAUAN DAVIS Bradley C. Armstrong | | <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site | Contact Phone Number 775-883-2372 722-2334 | |
| 18 | Residence Address (Street) 4800 TURNING LEAF WAY | | City, State, Zip RENO, NV 89519 | Sparks NV 89436 | |
| 19 | Describe in detail the activity of your business RESTAURANT FULL SERVICE 1645 Southview Dr | | | | |
| 20 | Type of Liquor License Applying for (If applicable) | | | | |
| 21 | Tavern/Bar | Dining Room w/Beer and Wine Only <input checked="" type="checkbox"/> | Packaged Liquor | Dining Room w/Hard Liquor | Combo (On-Premise & Pkg) |
| 22 | Catering | Additional Wet Bars | | Will there be an Interim Management Agreement? | |
| 23 | List number of slot machines (If applicable) | | List number of table games (If applicable) | | |
| 24 | 1 cent _____ Multi _____ 5 cent _____ Poker _____ 25 cent _____ Mega Buck _____ 1.00 _____ | | Craps _____ Baccarat _____ Roulette _____ Race Book _____ Twenty-One _____ Sports Book _____ Keno _____ Poker _____ | | |
| 25 | If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below: KL MANAGMENT DBA KIM LEE SUSHI ANTONIO PASTINI, DEBBIE PASTINI | | | | |

| | | |
|---------------------------|---|---|
| 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 NA | |

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|-----------------------|---|
| 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>Bud Telling</u> Date <u>06-08-2020</u></p> |

| 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: 600 |
| 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: 500 |
| TOTAL FEES DUE: 1000 | | Gaming License Quarterly Fee: |
| Payment Type <u>✓ 1096</u> | | Gaming License Application Fee: |
| Received By <u>Beserick</u> | Date <u>8/19/2020</u> | Fictitious Name Fee: |
| Date Applicant Fingerprinted | By | File # |
| | | Health Pre-Inspection Fee: |

8/20/20



Ken Furlong
Sheriff

911 E. Musser St.
Carson City, NV 89701

775-887-2500
Hearing Impaired: 711
Fax: 775-887-2026

To: Liquor Board

From: Carson City Sheriff's Office

Re: Liquor License Application
Capital City Sushi
Armstrong, Bradley

The Sheriff's Office has conducted a background investigation on the above applicant for a liquor license and has found the following;

- **Background of premises:** Capital City Sushi is located at 319 N Carson St. and previously operated as Kim Lee's. The business shut down during Covid-19 and due to other circumstances and has reopened with a new owner.
- **Financial arrangements:** Mr. Armstrong has invested approximately \$50,000 dollars and has a monthly lease.
- **Method of operation:** Capital City Sushi is open daily and is a full service restaurant that will have sales of beer and wine. The location will employ approximately ten persons and Mr. Armstrong's business partner Jauan Davis will be working full time at the restaurant.
- **Results of background:** The background for Bradley Clinton Armstrong consisting of DMV records, law enforcement agency checks, Nevada criminal history, credit report and fingerprint responses from the FBI and State of Nevada did not find any disqualifying information based on CCMC 4.13.125.

By: Elizabeth Martin
Elizabeth Martin
Administrative Assistant
Investigations Division

Date October 28, 2020

Recommend Approval ☒

Do Not Recommend Approval ☐

Jerome Tushbant
Jerome Tushbant
Undersheriff

Date 10/29/2020



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To: Liquor Board Hearing Officer

From: Carson City Health and Human Services (CCHHS)

Date: May 26, 2020

Re: Liquor License- Capital City Sushi

On May 22, 2020 an advisory consultation with Capital City Sushi, located at 319 N. Carson St., was conducted.

Our approval is based on the following conditions being met:

- Alcohol sold must come from approved sources.
- Changes to equipment or setup must be approved by health authority.
- Adherence to FDA Food Code and NAC 446 for operational purposes.

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 |
|--|---|---|---|--|