



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 #: *UQWOR # OC 55342020*
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	Non-Profit
4	Entity Name CAPCITYSUSHI LLC			Business Opening Date 5		
6	Business Name (DBA) CAPITAL CITY SUSHI			EIN # 7		
7	Business Address 319 N CARSON ST		City CARSON CITY	State NV	Zip Code 89701	
8	Mailing Address PO BOX 51477		City SPARKS	State NV	Zip Code 89435	
9	Corporate Phone	Business Phone 775-883-2372	Cellular Phone 775-722-2334	Business Fax		
10	E-mail Address BRADTALLCOOL1@GMAIL.COM		Business Website CAPITALCITYSUSHI.COM			
11	Owner(s), Manager(s), or other Principal(s) attach additional pages if required					
12	Last, First, MI ARMSTRONG, BRADLEY, C		Percent Owned 51	Title OWNER		
	Residence Address (Street) 1645 SOUTHVIEW DR		City, State, Zip SPARKS, NV 89436		Residence Telephone 775-722-2334	
	Last, First, MI DAVIS, JUAAN A		Percent Owned 49	Title OWNER		
	Residence Address (Street) 4800 TURNING LEAF WAY		City, State, Zip RENO, NV 89519		Residence Telephone 775-313-1857	
	Last, First, MI		Percent Owned	Title		
	Residence Address (Street)		City, State, Zip			Residence Telephone
	Licor Manager (if applicable) JUAAN DAVIS Bradley C Armstrong		<input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site	Contact Phone Number 775-883-2372 722-2334		
	Residence Address (Street) 4800 TURNING LEAF WAY		City, State, Zip RENO, NV 89519 Sparks NV 89436			
13	Describe in detail the activity of your business RESTAURANT FULL SERVICE <i>1645 Southview Dr</i>					
Type of Liquor License Applying for (If applicable)						
14	Tavern/Bar	Dining Room w/Beer and Wine Only <input checked="" type="checkbox"/>	Packaged Liquor	Dining Room w/Hard Liquor	Combo (On-Premise & Pkg)	General Wholesale
	Catering	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)			
	1 cent _____	Multi _____	Craps _____	Baccarat _____		
	5 cent _____	Poker _____	Roulette _____	Race Book _____		
	25 cent _____	Mega Buck _____	Twenty-One _____	Sports Book _____		
	1.00 _____		Keno _____	Poker _____		
17	If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below: KL MANAGEMENT DBA KIM LEE SUSHI ANTONIO PASTINI, DEBBIE PASTINI					

<p>Miscellaneous Information</p> <p>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</p>	
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 on 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	

<p>Rules and Regulations</p> <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>	
	Applicant's Signature 

FEE STRUCTURE	FEES	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 <i>> Paid</i>
TOTAL FEES DUE: 1000		Gaming License Quarterly Fee:
Payment Type 5# 1096		Gaming License Application Fee:
Received By Roseck	Date 8/19/2020	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:

8/20/20

911 E. Musser St.
Carson City, NV 89701



Ken Furlong
Sheriff

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;

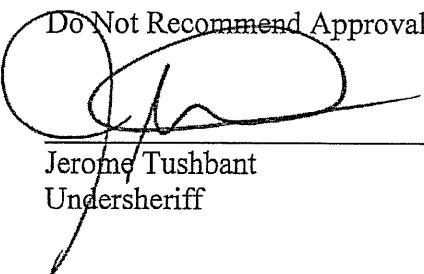
- **Background of premises:** Capital City Sushi is located at 319 N Carson St. and previously operated as Kim Lee's. The business shut down during Covid-19 and due to other circumstances and has reopened with a new owner.
- **Financial arrangements:** Mr. Armstrong has invested approximately \$50,000 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
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	Public Health Preparedness (775) 887-2190	Human Services (775) 887-2110	Disease Control & Prevention (775) 887-2190	Chronic Disease Prevention & Health Promotion (775) 887-2190
Fax: (775) 887-2192	Fax: (775) 887-2248	Fax: (775) 887-2539	Fax: (775) 887-2248	Fax: (775) 887-2248