



108 E. Proctor Street  
Carson City, Nevada 89701  
(775) 887-2105  
Hearing Impaired: 711

## MEMORANDUM

Liquor License Hearing - Friday, June 30, 2023, 1:30pm

**TO:** The Hearings Officer  
**FROM:** Natalie Kiel, Business License Specialist  
**DATE:** June 26, 2023

**AGENDA ITEM 4.F:** For Possible Action: Discussion and possible action regarding applications for Packaged Liquor Licenses (LIQUOR-007940-2023), (LIQUOR-007943-2023), and (LIQUOR-007945-2023) with John Norman as the liquor manager for three store locations, Save Mart Supermarkets LLC dba SAVE MART SUPERMARKETS #552; SAVE MART SUPERMARKETS #551; and FOODMAXX #449; located at 3620 N CARSON ST CARSON CITY, NV 89706; 4348 S CARSON ST CARSON CITY, NV 89701; and 3325 HWY 50 E CARSON CITY, NV 89701, respectively.

**Recommendation:** To deny applications for Package Liquor Licenses with John Norman as the liquor manager for three store locations, Save Mart Supermarkets LLC dba SAVE MART SUPERMARKETS #552; SAVE MART SUPERMARKETS #551; and FOODMAXX #449; located at 3620 N CARSON ST CARSON CITY, NV 89706; 4348 S CARSON ST CARSON CITY, NV 89701; and 3325 HWY 50 E CARSON CITY, NV 89701, respectively, based on the finding that the applicant failed to complete the background investigation in a timely manner and therefore, cannot be found to be suitable for the issuance of a liquor license.

Per Carson City Municipal Code (CCMC) 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. Per CCMC 4.13.125(1) the denial of a liquor license must be made based on the finding that an applicant is unsuitable for the issuance of a liquor license.

The subject request is for Save Mart Supermarkets LLC to have three Package Liquor Licenses with John Norman as the liquor manager.

The Save Mart company was acquired by Kingswood Capital Management LP in 2022. Save Mart Supermarkets LLC was formed on 3/22/2022. An updated liquor license application for the new entity was not submitted to the business license division until 3/31/2023.

The Sheriff's Office began the background investigation in April of 2023. Between April of 2023 and May 4, 2023 the Sheriff's Office had, on several occasions, requested Mr. Norman come to the Sheriff's Office for fingerprinting to complete the background investigation. On June 13, 2023, the Sheriff's Office issued a memorandum informing the Business License Division that they do

not recommend approval for a liquor license as the background investigation is considered incomplete due to the applicant's failure to comply with the fingerprinting requirement. On June 15, 2023, Mr Norman visited the Sheriff's Office for fingerprinting, the results are still pending.

This request has been reviewed by the Health Department. The Health Department inspected the premises. Should this application be approved, the comments included in the memo should be reviewed and incorporated as conditions of the liquor license as appropriate.



# 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 #: **BL 067944-2023**  
Liquor License #: **Liquor-07945-2023**  
Submittal Date:

1	<input checked="" 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 checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor	
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Non-Profit

4	Entity Name Save Mart Supermarkets LLC	5	Business Opening Date ASAP - Please see attached cover letter
	Business Name (DBA)	7	EIN # 94-1245496
6	Save Mart Supermarkets LLC d/b/a FoodMaxx #449		

8	Business Address 3325 Highway 50 East	City Carson City	State NV	Zip Code 89701
9	Mailing Address P.O. Box 4664	City Modesto	State CA	Zip Code 95352
10	Corporate Phone (209)574-6299	Business Phone (209)574-6299	Cellular Phone	Business Fax
11	E-mail Address kazuyo.tsuchiya@hklaw.com	Business Website https://www.foodmaxx.com/stores/highway-50-east-449/6673		

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required

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
Last, First, MI	Percent Owned	Title
Residence Address (Street)	City, State, Zip	Residence Telephone
Liquor Manager (if applicable) John Norman	<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site	Contact Phone Number 209-596-5750
Residence Address (Street) 2555 Morgan Street	City, State, Zip Oakdale, CA 95361	

13 Describe in detail the activity of your business  
Grocery Retail Supermarket

Type of Liquor License Applying for (If applicable)

<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" 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? 15 No			

16	List number of slot machines (If applicable)	List number of table games (If applicable)
	<input type="checkbox"/> 1 cent _____ <input type="checkbox"/> 5 cent _____ <input type="checkbox"/> 25 cent _____ <input type="checkbox"/> 1.00 _____	<input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____ <input type="checkbox"/> Craps _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Keno _____

17 If this application is for a change of business name, location, or ownership, list the previous name, address, and owner below:

**RECEIVED**  
**MAR 31 2023**  
CARSON CITY  
BUSINESS LICENSES

Miscellaneous Information

Please answer this section if your business is *located* in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180

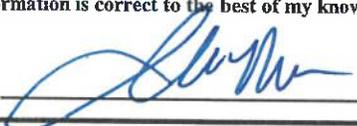
Is your business location zoned for this type of business Yes	Has a Special Use Permit been obtained for this business location
Will you be installing any outdoor signs We will use existing signs.	Are there any existing signs of the property Yes
Will there be any outside storage (If yes, please explain items being stored and how being screened)	
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

- 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 3-9-23

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:
Number of Slot Machines		Liquor License Investigation Fee:
TOTAL FEES DUE:		Gaming License Quarterly Fee:
Payment Type		Gaming License Application Fee:
Received By	Date	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:

RECEIVED  
PAID

CK. NO. APR 21 2023  
DATE \$1000 CARSON CITY  
BUSINESS LICENSES



# 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 #: **BL-00 7939-2023**  
Liquor License #: **LT0002-007140-2023**  
Submittal Date:

1	<input checked="" 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 checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming	<input checked="" type="checkbox"/> Liquor
3	Type of Entity	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit
4	Entity Name Save Mart Supermarkets LLC			5	Business Opening Date ASAP-Please see attached cover letter
6	Business Name (DBA) Save Mart Supermarkets LLC f/n SAVE MART SUPERMARKETS #552			7	EIN # 94-1245496
8	Business Address 3620 N Carson St		City Carson City	State NV	Zip Code 89706
9	Mailing Address P.O. Box 4664		City Modesto	State CA	Zip Code 95352
10	Corporate Phone (209)574-6299	Business Phone (209)574-6299	Cellular Phone	Business Fax	
11	E-mail Address kazuyo.tsuchiya@hklaw.com		Business Website https://www.savemart.com/stores/n-carson-st-552/4921		
12	Owner(s), Manager(s), or other Principal(s) attach additional pages if required				
	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
	Last, First, MI		Percent Owned	Title	
	Residence Address (Street)		City, State, Zip		Residence Telephone
	Liquor Manager (if applicable) John Norman		<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site	Contact Phone Number 209-596-5750	
	Residence Address (Street) 2555 Morgan Street		City, State, Zip Oakdale, CA 95361		
13	Describe in detail the activity of your business Grocery Retail Supermarket				
14	Type of Liquor License Applying for (If applicable)				
	<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" 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? 15 No		
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:				

Miscellaneous Information

Please answer this section if your business is *located* in Carson City. If you are unsure of your answer or are installing signage, contact the Planning Division at (775) 887-2180

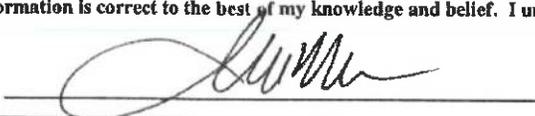
Is your business location zoned for this type of business Yes	Has a Special Use Permit been obtained for this business location
Will you be installing any outdoor signs We will use existing signs.	Are there any existing signs of the property Yes
Will there be any outside storage (If yes, please explain items being stored and how being screened)	
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

- 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 3-9-23

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: <del>\$1000</del>
Number of Slot Machines		Liquor License Investigation Fee: <del>\$1000</del>
TOTAL FEES DUE:		Gaming License Quarterly Fee:
Payment Type		Gaming License Application Fee:
Received By	Date	Fictitious Name Fee:
Date Applicant Fingerprinted	By	File #
		Health Pre-Inspection Fee:

PAID RECEIVED

APR 21 2023

DATE

CARSON CITY BUSINESS LICENSES



# 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

Dish License #: **BL-007942-2023**  
Liquor License #: **LIQUOR-007943-2023**  
Submittal Date:

<input checked="" 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
Type of License(s)		<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Gaming
Type of Entity	<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company
				<input checked="" type="checkbox"/> Non-Profit

Entity Name Save Mart Supermarkets LLC	Business Opening Date ASPS -Please see attached cover letter
Business Name (DBA) Save Mart Supermarkets LLC f/f/n SAVE MART SUPERMARKETS #551	EIN # 94-1245496
Business Address 4348 S Carson St	City Carson City
Mailing Address P.O. Box 4664	City Modesto
Corporate Phone (209)574-6299	Business Phone (209)574-6299
E-mail Address kazuyo.tsuchiya@hklaw.com	Business Website https://www.savemart.com/stores/s-carson-st-551/4920

12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required	
Last, First, MI	Percent Owned
Residence Address (Street)	City, State, Zip
	Residence Telephone
Last, First, MI	Percent Owned
Residence Address (Street)	City, State, Zip
	Residence Telephone
Last, First, MI	Percent Owned
Residence Address (Street)	City, State, Zip
	Residence Telephone
Liquor Manager (if applicable) John Norman	<input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site
Residence Address (Street) 2555 Morgan Street	City, State, Zip Oakdale, CA 95361
	Contact Phone Number 209-596-5750

13 Describe in detail the activity of your business  
Grocery Retail Supermarket

14 Type of Liquor License Applying for (If applicable)

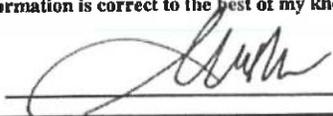
<input type="checkbox"/> Tavern/Bar	<input type="checkbox"/> Dining Room w/Beer and Wine Only	<input checked="" type="checkbox"/> Packaged Liquor	<input type="checkbox"/> Dining Room w/Hard Liquor	<input type="checkbox"/> Combo (On-Premise & Pkg)	<input type="checkbox"/> General Wholesale
<input type="checkbox"/> Catering	<input type="checkbox"/> Additional Wet Bars	Will there be an Interim Management Agreement? <b>15</b> No			

16 List number of slot machines (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.

<b>Miscellaneous Information</b>	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
	Will you be installing any outdoor signs We will use existing signs.	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)	
	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	

<b>Rules and Regulations</b>	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"> <li>• If any changes are made after completing said license application this office must be notified immediately and an updated is required.</li> <li>• 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.</li> <li>• 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.</li> <li>• Any exception to any of the above is considered a violation of the Carson City Municipal Code and is subject to citation.</li> </ul>
	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 <u></u> Date <u>3-9-23</u>

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: <b>\$1000</b>
Number of Slot Machines		Liquor License Investigation Fee: <b>OK: NO. APR 21 2023 TC</b>
<b>TOTAL FEES DUE:</b>		Gaming License Quarterly Fee:
Payment Type		Gaming License Application Fee: <b>CARSON CITY BUSINESS LICENSES</b>
Received By	Date	Fictitious Name Fee:
Date Applicant Fingerprinted	Hy	File #
		Health Pre-Inspection Fee:



**Carson City Business License Division**  
108 E. Proctor St.  
Carson City, Nevada 89701  
(775) 887-2105

**CARSON CITY LIQUOR LICENSE**

**RULES & REGULATIONS REGARDING LIQUOR LICENSES**

I/we, John Norman, \_\_\_\_\_, \_\_\_\_\_,  
(Print applicant A's name) (Print applicant B's name)  
\_\_\_\_\_, the undersigned, understand that:  
(Print applicant C's name)

- I/we cannot sell alcohol until the Carson City Liquor Board, consisting of the Board of Supervisors and the Carson City Sheriff, approves my/our liquor license OR there is a temporary management agreement with the present owner of the establishment (who has a valid liquor license) on file with the Carson City Business License Division.
- I/we may not take control of or transfer ownership of said business before my/our liquor license is approved OR a management agreement is on file with the Carson City Business License Division.
- Taking control of or transferring ownership of said business before my/our liquor license is approved could hinder my/our chances of getting a liquor license.
- If any changes are made after completing said liquor license application (i.e., change of business name, location, nature of business, partner or corporate officer change, etc.) the Carson City Business License Division MUST be notified and a new liquor license application MUST be completed BEFORE the change occurs.
- If I am/we are issued a liquor license, the fees for said liquor license MUST be paid on or before the 1<sup>st</sup> day of July. If the annual liquor license fees are not paid by the 1<sup>st</sup> day of July, a 50% penalty charge will be assessed, without exception, and this delinquency becomes grounds for revocation of the liquor license.
- I/we also understand that if my/our liquor license is revoked by the Liquor Board, I/we cannot reapply for a new liquor license for 6 (six) months from the date of the board's action. I/we also understand that after reapplying, I/we MUST have the unanimous approval of all members of the Liquor Board.
- A liquor license is issued to a given owner at a specific location and is non-transferable to a different owner or different location. A new liquor license application must be filed for ANY change.
- The application fee and the investigation fee, paid at the time of application for a liquor license, are non-refundable.

*I/We have read and fully understand the above and have received a copy thereof.*

[Signature]  
Applicant A's signature

Applicant B's signature

[Signature] 3/9/23  
Witnessed by Date

Applicant C's signature

## Natalie Kiel

---

**From:** Elizabeth Martin  
**Sent:** Thursday, May 4, 2023 10:18 AM  
**To:** Natalie Kiel; Heather Ferris  
**Subject:** Save Mart Background - FYI

*Hi Natalie and Heather,*

*I just spoke to the applicant John Norman again and reminded him that he needs to come in for fingerprinting for his background. He and the corporation who is supposed to make the appt for him, seem in no hurry to get this done which will delay getting his background done. I told him they could call in to make an appt with our civil division, who is backed up two weeks, or he could walk-in during the hours that are made available to do so.*

*Just thought I would mention this as I will not be reminding him again.*

*Thanks,*

*Elizabeth Martin  
Administrative Asst.  
Investigations Division  
Carson City Sheriff's Office  
775/283-7851*



Ken Furlong  
Sheriff

911 E. Musser St.  
Carson City, NV 89701

775-887-2500  
Fax: 775-887-2026

To: Liquor Board

From: Carson City Sheriff's Office

Re: Liquor License Application  
Save Mart Supermarkets LLC  
Norman, John Norris

The Sheriff's Office has conducted a background investigation on the above applicant as the liquor manager for three business locations in Carson City.

- Background of premises: The applications submitted apply to the Save Mart grocery stores located at 4348 S Carson St and 3620 N Carson St., and the FoodMaxx store located at 3325 Hwy 50 E. The Save Mart company was acquired by Kingswood Capital Management LP in 2022 and each store remained open.
- Financial arrangements: The purchase agreement for the Save Mart Supermarkets was not disclosed.
- Method of operation: The Save Mart Supermarkets operate as full-service grocery markets while FoodMaxx operates as a warehouse style market. All stores sell packaged beer, wine, and hard liquor. Each store is open daily and approximately one hundred forty-one employees are employed throughout the three stores. Mr. Norman is employed as the Vice President of Operations for California and Nevada and stated he visits the Nevada store locations approximately twice a month.
- Results of backgrounds: The background for John Norman could not be completed as Mr. Norman has failed to come in for the required fingerprinting. Mr. Norman was contacted on more than one occasion and was informed that he is required to be fingerprinted for his background. It has now been almost two

months since the applications were received and he has not come in, made an appointment nor communicated with this office.

By Elizabeth Martin

Elizabeth Martin  
Administrative Assistant  
Investigations Division

Date 6-13-2023

Recommend Approval

Do Not Recommend Approval

Process: Has NOT complied with fingerprinting.

Ken Furlong  
Ken Furlong  
Sheriff

Date 6/17/23



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

RECEIVED

To: Liquor Board Hearing Officer

JUN 23 2023

From: Carson City Health and Human Services (CCHHS) Date: 06/15/2023

CARSON CITY BUSINESS LICENSES

Re: Liquor License - LIQUOR-007945-2023, BLR- 007944-2023

Type of Liquor License Approval:

- Pre-Packaged Liquor, Hard Liquor/Mixed Drinks, Beer and Wine ONLY, Combo - Packaged Liquor and On-Premise

On 06/15/2023 The Carson City Health and Human Services Environmental

Health Division conducted an inspection/advisory phone call with Savemart #449 located at 3325 HWY 50 E CARSON CITY, NV 89701. Acknowledgement and adherence of the following:

- Serving of alcohol must come from approved sources.
NO changes to bar set up may be made without approval from health authority. All hand-washing sinks and dump sinks must be properly used according to the FDA Food Code and NAC 446.
FDA Food Code and NAC 446 for operational purposes.

Environmental Health is waiting for all their SOP's as required initially. Issues pending at this time include: Savemart is required to send their SOP's to our office as soon as possible.

Recommend Approval (checked), Do Not Recommend Approval

REHS Environmental Health Specialist

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Maria Menjivar
Maria Menjivar
Environmental Health Division Manager

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) 887-2248

Public Health
Preparedness
(775) 887-2190
Fax: (775) 887-2248

Chronic Disease
Prevention & Health
Promotion
(775) 887-2190
Fax: (775) 887-2248

Disease Control &
Prevention
(775) 887-2190
Fax: (775) 887-2248

Human Services
(775) 887-2190
Fax: (775) 887-2539



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

RECEIVED

JUN 23 2023

CARSON CITY BUSINESS LICENSES

Memorandum

To: Liquor Board Hearing Officer

From: Carson City Health and Human Services (CCHHS) Date: 06/15/2023

Re: Liquor License - LIQUOR-007940-2023, BLR- 007944-2023

Type of Liquor License Approval:

- Pre-Packaged Liquor, Hard Liquor/Mixed Drinks, Beer and Wine ONLY, Combo - Packaged Liquor and On-Premise

On 06/15/2023 The Carson City Health and Human Services Environmental

Health Division conducted an inspection/advisory phone call with Savemart #552 located at 3620 N CARSON ST CARSON CITY, NV 89706. Acknowledgement and adherence of the following:

- Serving of alcohol must come from approved sources. NO changes to bar set up may be made without approval from health authority. All hand-washing sinks and dump sinks must be properly used according to the FDA Food Code and NAC 446. FDA Food Code and NAC 446 for operational purposes.

Environmental Health is waiting for all their SOP's as required initially. Issues pending at this time include: Savemart is required to send their SOP's to our office as soon as possible.

- Recommend Approval, Do Not Recommend Approval

REHS Environmental Health Specialist

Date: \_\_\_\_\_

Maria Menjivar (handwritten signature)

Maria-Menjivar Environmental Health Division Manager

Date: \_\_\_\_\_

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) 887-2248

Public Health Preparedness (775) 887-2190 Fax: (775) 887-2248

Chronic Disease Prevention & Health Promotion (775) 887-2190 Fax: (775) 887-2248

Disease Control & Prevention (775) 887-2190 Fax: (775) 887-2248

Human Services (775) 887-2190 Fax: (775) 887-2539



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

RECEIVED

To: Liquor Board Hearing Officer

JUN 23 2023

From: Carson City-Health and Human Services (CCHHS) Date: 06/15/2023

CARSON CITY BUSINESS LICENSES

Re: Liquor License - LIQUOR-007943-2023, BLR- 007942-2023

Type of Liquor License Approval:

- Pre-Packaged Liquor, Hard Liquor/Mixed Drinks, Beer and Wine ONLY, Combo - Packaged Liquor and On-Premise

On 06/15/2023 The Carson City Health and Human Services Environmental Health Division conducted an inspection/advisory phone call with Savemart #551 located at 4348 S CARSON ST CARSON CITY, NV 89701. Acknowledgement and adherence of the following:

- Serving of alcohol must come from approved sources.
NO changes to bar set up may be made without approval from health authority. All hand-washing sinks and dump sinks must be properly used according to the FDA Food Code and NAC 446.
FDA Food Code and NAC 446 for operational purposes.

Environmental Health is waiting for all their SOP's as required initially. Issues pending at this time include: Savemart is required to send their SOP's to our office as soon as possible.

- Recommend Approval
Do Not Recommend Approval

REHS Environmental Health Specialist

Date: \_\_\_\_\_

Maria Menjivar (handwritten signature)

Date: \_\_\_\_\_

Maria Menjivar
Environmental Health Division Manager

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