



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

MEMORANDUM

Liquor License Hearing – Friday, April 19, 2024, 1:30pm

TO: The Hearings Officer
FROM: Natalie Kiel, Business License Specialist
DATE: April 12, 2024

AGENDA ITEM 4.D: For Possible Action: Discussion and possible action regarding an application for a Dining Room with beer and wine Liquor License (LIQUOR-008588-2024) with Manpreet Kaur as the liquor manager for Flavors of India, LLC located at 240 E Winnie Lane, Carson City, NV 89706.

Recommendation: To approve an application for a Dining Room with beer and wine Liquor License with Manpreet Kaur as the liquor manager for Flavors of India at 240 E Winnie Lane, Carson City, NV 89706 subject to the following conditions of approval:

- 1. The applicant must sign a sworn affidavit consistent with Carson City Municipal Code (CCMC) 4.13.060 regarding a server training course.**
- 2. The holder of the liquor license must maintain on the premises, evidence of employee server training certification for all employees that serve or sell alcohol.**

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.

The subject request is for Flavors of India, LLC to have a Dining Room with beer and wine Liquor License with Manpreet Kaur as the liquor manager.

A background investigation by the Sheriff's Office was not required, as Ms. Kaur has an existing liquor license within Carson City, per CCMC 4.13.070.

This request has been reviewed by the Health Department. The Health Department reviewed plans for the location and is recommending approval.

RI.006921-2021



CARSON CITY LICENSE APPLICATION

Business License #: NV20243009078

Please type or print in black ink; Incomplete or illegible applications will not be accepted. Applications must bear an original signature

Liquor License #: 006824-2021

Submittal Date:

| | | | | | |
|---|---------------------------------------|---|--|--|---|
| 1 | <input type="checkbox"/> New Business | <input type="checkbox"/> Change of Location/Mailing | <input checked="" type="checkbox"/> Change of Name | <input type="checkbox"/> Change of Corporate Officer | <input type="checkbox"/> Other |
| 2 | Type of License(s) | | <input type="checkbox"/> Business | <input type="checkbox"/> Short-Term | <input type="checkbox"/> Gaming |
| 3 | Type of Entity | <input checked="" type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Limited Liability Company |
| | | | | <input type="checkbox"/> Non-Profit | |

| | | | | |
|----|----------------------|------------------|-----------------------|--------------|
| 4 | Entity Name | | Business Opening Date | |
| | FLAVORS OF INDIA LLC | | 11/19/24 | |
| 6 | Business Name (DBA) | | EIN # | |
| | Flavors of India | | 99-0810913 | |
| 8 | Business Address | City | State | Zip Code |
| | 240 E. Winnie Lane | Carson City | NV | 89706 |
| 9 | Mailing Address | City | State | Zip Code |
| | - SAME - | | | |
| 10 | Corporate Phone | Business Phone | Cellular Phone | Business Fax |
| | 775-430-7213 | | 408-644-1483 | |
| 11 | E-mail Address | Business Website | | |
| | Foinevada@gmail.com | Foinevada.net | | |

| | | | | |
|--|--|---|----------------------|--|
| 12 Owner(s), Manager(s), or other Principal(s) attach additional pages if required | | | | |
| Last, First, MI | | Percent Owned | Title | |
| KAUR, MANPREET | | 100% | OWNER | |
| Residence Address (Street) | | City, State, Zip | Residence Telephone | |
| 2645 HIGHWOOD DR. | | SAN JOSE, CA 95116 | 408-644-1483 | |
| Last, First, MI | | Percent Owned | Title | |
| KAUR, DOLLY | | 0% | Manager | |
| Residence Address (Street) | | City, State, Zip | Residence Telephone | |
| 2429 Table Rock Dr. | | Carson City, NV 89706 | 408-644-1483 | |
| Last, First, MI | | Percent Owned | Title | |
| | | | | |
| Residence Address (Street) | | City, State, Zip | Residence Telephone | |
| | | | | |
| Liquor Manager (if applicable) | | <input checked="" type="checkbox"/> On-Site | Contact Phone Number | |
| MANPREET KAUR | | <input type="checkbox"/> Off-Site | 408-644-1483 | |
| Residence Address (Street) | | City, State, Zip | | |
| 2429 Table Rock Dr. | | Carson City, NV 89706 | | |

13 Describe in detail the activity of your business

Indian Restaurant

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"/> General Wholesale |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Additional Wet Bars | Will there be an Interim Management Agreement? | | | |
| | | 15 No | | | |

| | | |
|---|---|---|
| 6 | 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"/> Craps _____ <input type="checkbox"/> Roulette _____ <input type="checkbox"/> Twenty-One _____ <input type="checkbox"/> Keno _____ |
| | <input type="checkbox"/> Multi _____ <input type="checkbox"/> Poker _____ <input type="checkbox"/> Mega Buck _____ | <input type="checkbox"/> Baccarat _____ <input type="checkbox"/> Race Book _____ <input type="checkbox"/> Sports Book _____ <input type="checkbox"/> Poker _____ |

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

Flavors of India

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 <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>No</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

- 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 *[Signature]* Date *11/19/24*

| 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: |

Background Investigation

Please review this document prior to submitting your liquor license application

• Chapter 4.13 - LIQUOR BOARD AND LIQUOR LICENSING AND SALES

• 4.13.125 Issuance or Denial of License

1. The hearings officer or the board if an application is forwarded pursuant to Section 4.13.035 herein, may grant or deny the application for a liquor license or place conditions on a license to ensure compliance with this chapter and other applicable laws and regulations. Conditions of approval may include, but not be limited to, the payment of delinquent City fees, fines, or taxes prior to the issuance of the license. A denial must be based upon a finding that any applicant for any license, whether made by an individual, partnership, or corporation, is unsuitable for the issuance of a liquor license.
2. The following persons are unsuitable for the issuance of a liquor license:
 - a. A person who has been convicted within the past five years of:
 - (1) A felony or other crime which under the laws of this state would amount to a felony.
 - (2) Any crime of which fraud or intent to defraud was an element whether committed in this state or elsewhere.
 - (3) Larceny in any degree.
 - (4) Buying or receiving stolen property.
 - (5) Unlawful entry of a building.
 - (6) A gross misdemeanor, or equivalent conviction in another state, or unlawful possession, use, or distribution of controlled substances or dangerous drugs.
 - (7) Illegal use of a dangerous weapon.
 - (8) Operating a motor vehicle while under the influence of liquor and/or controlled substances or dangerous drugs.
 - (9) Contributing to the delinquency of a minor.
 - (10) A gross misdemeanor or equivalent conviction in another state, of battery, domestic battery, or similar offense.
 - b. A person who has intentionally falsified information on, or omitted information from, a liquor license application within the past five years.
 - c. A person under the age of 21 years.
 - d. A person who is in arrears in child support payments unless proof of an approved payment plan or similar arrangement is produced and approved to the satisfaction of the hearings officer.
 - e. A person whom the hearings officer or board determines is not a suitable person to receive a liquor license under the provisions of this Chapter, having due consideration for the proper protection of public health, safety, morals, good order, and general welfare of the inhabitants of the City.
 - f. Except any elected Carson City officer or any member of the Carson City Board of Supervisors, a Carson City employee who oversees or enforces the rules and regulations of liquor licenses shall not have any involvement with, interest in, or management of any establishment that possesses a liquor license.
3. If an application for a liquor license is denied, the applicant thereof shall be notified in writing of the reason or reasons therefore.
(Ord. No. 2017-8 , § I, 4-20-2017)

Acknowledgement: Printed Name: _____

Signature : _____

Date: _____

MANDREET KAUR

1/19/24



Carson City Business License Division

108 E. Proctor Street
Carson City, Nevada 89701
(775) 887-2105 – Hearing Impaired: 711
buslic@carson.org
www.carson.org/businesslicense

ACKNOWLEDGEMENT AND WAIVER OF NOTICE

The undersigned acknowledges having been notified of the time and place of the meeting of the Carson City Liquor and Entertainment Board where the undersigned's application will be reviewed and acted on. The undersigned hereby waives the notice requirements under NRS 241.033 requiring written notice be delivered personally to the applicant at least 5 working days before the meeting or if sent by certified mail, at least 21 working days before the meeting.

All correspondence will be sent to the email address provided on the application. If an email address is not provided, it will be sent by certified mail.

1/19/24

Date

MANPREET KAUR

Printed Name of Liquor License Applicant

Signature of Liquor License Applicant



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, MANPREET KAUR, _____,
(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 1st day of July. If the annual liquor license fees are not paid by the 1st 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.

Applicant A's signature

Applicant B's signature

Applicant C's signature

Witnessed by

Date

CARSON CITY LIQUOR LICENSE

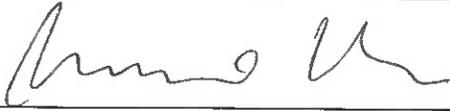
CHILD SUPPORT STATEMENT

Per Carson City Municipal Code 4.13.125 2(d), a person who is in arrears in child support payments may not be suitable for a liquor license. Please check the appropriate box below and complete the remainder of the form.

Failure to mark one of the three and completion of the form may result in denial of the application.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order;
- or
- I am subject to a court order for the support of one or more children and am not in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant Name (please print) MANPREET KAUR

Signature of Applicant 

Date 1/19/24



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

RECEIVED

CARSON CITY LIQUOR LICENSE

FEB 08 2024

APPLICANT'S AUTHORITY TO RELEASE INFORMATION CARSON CITY BUSINESS LICENSES

Having made application for a Carson City Liquor License, I wish Carson City to be informed as to my personal history and finances to help in determining my suitability for a liquor license.

For this specific purpose I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of Carson City, upon presentation of this waiver or a photocopy of this waiver, whether in person or by mail, fax, or other method of conveyance.

This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original, even though it does not contain an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to:

Arrests, detentions, field contacts, field interview cards, officer's records, jail/custody booking records, traffic citations, traffic accident information, district attorney's records, court records and reports, probation and parole reports and records, laboratory reports and results, any other criminal justice records, reports or information source, employment history, including: dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, attitude towards fellow employees, and reasons for leaving; education history and records and any other such information you may have concerning my criminal justice history, employment history, medical history and educational history, or any personal knowledge you may have concerning my qualifications and suitability.

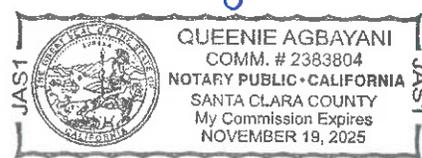
I hereby release you as the custodian of such records, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, military organization, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including all officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

Full Name (Print): Manpreet Kaur
 Address (Print): 240 E Winnie Ln. Carson City, NV 89706
 Telephone: (W) (408) 644 1483 (H) ()
 Signature: *Manpreet Kaur* Date: 2/6/2024

State of California
 County of Santa Clara

This instrument was acknowledged before me on February 6, 2024 by Manpreet Kaur.

[Signature]
 Signature of Notarial Officer





CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

Memorandum

To: Liquor Board Hearing Officer

From: Carson City Health and Human Services (CCHHS) Date: 03/15/2024

Re: Liquor License - 008588-2024, BLR- 2024-0053

Type of Liquor License Approval:

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

On 02/12/2024 The Carson City Health and Human Services Environmental Health Division conducted an inspection/advisory phone call with Flavors of India located at 240 E Winnie Ln. 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.

Issues pending at this time include:

At this time, Flavors of India has met the necessary requirements for Health.

Recommend Approval (checked), Do Not Recommend Approval

REHS Environmental Health Specialist

Date:

DBoothe (Digitally signed by DBoothe)

Dustin Boothe, Environmental Health Division Manager

Date: 03/15/2024

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