Local Control Commission Meeting

Monday, November 18, 2024, 8:10 PM, Contois Auditorium, 149 Church Street, 2nd Floor

Please click the link below to join the webinar:
https://zoom.us/j/95691577858
Or Telephone: +1 309 205 3325 US
Webinar ID: 956 9157 7858

****CCTV link: https://www.youtube.com/playlist?list=PLljLFn4BZd2PwCge7lNoKug676jIf_iUA ****

1. Agenda

Subject	**1.1. Motion to adopt agenda**
Meeting	November 18, 2024 - Local Control Commission Meeting - Monday, November 18, 2024, 8:10 PM, Contois Auditorium, 149 Church Street, 2nd Floor
Category	1. Agenda
Department	Council and Board
Type	Action Procedural
Recommended Action	Motion to adopt agenda

2. Consent Agenda

Subject	**2.1. Motion to adopt the consent agenda and take the actions indicated**
Meeting	November 18, 2024 - Local Control Commission Meeting - Monday, November 18, 2024, 8:10 PM, Contois Auditorium, 149 Church Street, 2nd Floor
Category	2. Consent Agenda

Department	Council and Board
Type	Action (Consent) Procedural
Recommended Action	Motion to adopt the consent agenda and take the actions indicated
Subject	**2.2. 2024 - 2025 First Class Liquor License Renewal: Cafe Dim Sum, 95 St. Paul Street**
Meeting	November 18, 2024 - Local Control Commission Meeting - Monday, November 18, 2024, 8:10 PM, Contois Auditorium, 149 Church Street, 2nd Floor
Category	2. Consent Agenda
Department	Clerk/Treasurer's Office
Type	Action (Consent)
Recommended Action	approve the 2024-2025 First Class Liquor License Renewal for Cafe Dim Sum, 95 St. Paul Street with all standard conditions

3. Deliberative Agenda

Subject	**3.1. Second Class Liquor License Application (2024-2025): CSC Quick Stop, 1563 North Avenue**
Meeting	November 18, 2024 - Local Control Commission Meeting - Monday, November 18, 2024, 8:10 PM, Contois Auditorium, 149 Church Street, 2nd Floor
Category	3. Deliberative Agenda
Department	Clerk/Treasurer's Office
Type	Action
Recommended Action	approve the 2024-2025 Second Class Liquor License Application for CSC Quick Stop, 1563 North Avenue with all standard conditions

4. Adjournment

Subject	**4.1. Motion to adjourn**
Meeting	November 18, 2024 - Local Control Commission Meeting - Monday, November 18, 2024, 8:10 PM, Contois Auditorium, 149 Church Street, 2nd Floor
Category	4. Adjournment
Department	Council and Board
Type	Action Procedural
Recommended Action	Motion to adjourn

Application
DLL - Application - 49619

Approve | Reject | Applicant Action Required | Town Payment Received | Download

APPLICATION DETAILS | RELATED INFORMATION

Application Information

DLL - Application Id
DLL - Application - 49619

Business Entity Name
CCS ENTERPRISES

Phone number:

Applicant Email
chidadhimal28@gmail.com (mailto:chidadhimal28@gmail.com)

Renewal Application

Student Name

Applicant Action Comments

License/Permit Location Description

Town Fee
70

Business Entity Phone
5134859018

Training Completion Record

Designated Caterers Details

Days Since Last Modified
-1

Estimated time period for alcohol

Name and address from whom you purchase

Lease Expiration Date
12/31/2029

Liquor Liability Insurance Policy Number

Landlord Email
admin@myerstaxvt.com (mailto:admin@myerstaxvt.com)

Renewal Change Indicated

Renewal Change Description

URL for Policies & Procedures

URL for Duties

External Status
Application sent to municipality

Town Clerk/ Municipal Jurisdiction
Burlington

Historical Id
SECN

Application Type
License

Application For
Second Class License

Mode of Training

Town User Approval/Rejection Comments

Eligibility of Tobacco Fee waiver

Quantity of Alcohol required

what purpose this alcohol is used to be

Where is this alcohol to be used

Paid check 94
Qo 11/12/24
$70.00

VERMONT

DEPARTMENT OF LIQUOR AND LOTTERY

CERTIFICATE OF ACHIEVEMENT

AWARDED TO

Chida Dhimal

FOR COMPLETING

2nd Class Seller Training Program 2024 (Final Exam)

COMPLETION DATE

March 7, 2024

SCORE

85%

Certificate ID# 00050497

VERMONT

DEPARTMENT OF LIQUOR AND LOTTERY

TRAINING CERTIFICATE

Student Name: **Chida Dhimal**

Course Name: **Second Class (Off Premise)**

Date Completed: **February 7, 2022**

Expiration Date: **February 7, 2024**

Training Method: **DLC Online Training**

Transferable?: **YES**

By signing below, I am confirming the above training completion information is true and accurate.

Student Signature _____ Date Signed _____

Vermont Department of Liquor and Lottery 1311 US Route 302, Suite 100, Barre, VT 05641 liquorcontrol.vermont.gov
(802) 828-2339 (p) (802) 828-1031 (f) DLL.DLCEduTeam@vermont.gov

Certificate ID# 00142955

VERMONT

DEPARTMENT OF LIQUOR AND LOTTERY

TRAINING CERTIFICATE

Student Name: **Chitrakhar Poudel**

Business Name: **Chida Enterprises, LLC**

Course Name: **Second Class (Off Premise)**

Date Completed: **March 30, 2024**

Expiration Date: **March 30, 2026**

Training Method: **In-House Training by a Certified Trainer**

Trainer Name: **Chida Dhimal**

Score: **100** Transferable?: **NO**

By signing below, I am confirming the above training completion information is true and accurate.

Student Signature

Date Signed

Vermont Department of Liquor and Lottery 1311 US Route 302, Suite 100, Barre, VT 05641 liquorcontrol.vermont.gov
(802) 828-2339 (p) (802) 828-1031 (f) DLL.DLCEduTeam@vermont.gov

Certificate ID# 00142954

VERMONT

DEPARTMENT OF LIQUOR AND LOTTERY

TRAINING CERTIFICATE

Student Name: **Sabitra Poudel**

Business Name: **Chida Enterprises, LLC**

Course Name: **Second Class (Off Premise)**

Date Completed: **March 29, 2024**

Expiration Date: **March 29, 2026**

Training Method: **In-House Training by a Certified Trainer**

Trainer Name: **Chida Dhimal**

Score: **100** Transferable?: **NO**

By signing below, I am confirming the above training completion information is true and accurate.

Student Signature _____ Date Signed _____

Vermont Department of Liquor and Lottery 1311 US Route 302, Suite 100, Barre, VT 05641 liquorcontrol.vermont.gov
(802) 828-2339 (p) (802) 828-1031 (f) DLL.DLCEduTeam@vermont.gov

City of Burlington Vermont

LIQUOR LICENSE

NEW APPLICANT QUESTIONNAIRE

D/B/A (Business Name) CSC Quick stop

Contact person CHIDA DHIMAL Contact Phone 513-485-9018

1. Have you ever had a liquor license before? If yes, please explain.

   Yes, Liquor License for Sammys Quick stop and Currently active

2. Please describe your experience serving or selling alcohol?

   Selling or serving ~~alcho~~ alcohol after 6am and until Midnight. Check Customer ID to Make sure they allow to Purchase alcohol.

3. Are you familiar with the laws relating to the sale of alcohol in Vermont? Have you completed the training required by DLC? Have your employees? If not, what is your plan for training?

   Yes, I completed the training required by DLC for Sammy's Quick Stop and trained employees Employees are redding DLC Manual, Watch Training for 2nd class License and take a test to Pass than allow to Sell.

4. Have you had an opportunity to meet with an inspector from the Department of Liquor Control?

   Yes, When we start Sammy's Quick stop. I did not had an opportunity to Meet with an inspector for CSC Quick stop yet.

5. How many employees will you have?

   Currenty we all are business Partners, we donot have employees. When we have employee we will train before working.

6. What is/will the square footage of the public space and what is/will be your occupancy load??

2700 Sq feet Retail Space
Deli 120 Sq feet

7. What kind of precautions will you take to prevent underage sales?

Check Id, Ask Date of birth
Zip code / address and if that was correct but look like underage refuse.

Please note that your application will not go before the License Subcommittee until this application has been satisfactorily completed and returned to the Clerk's Office

May 1, 2024 ---- April 30, 2025

CITY OF BURLINGTON
Liquor License Supplemental Questionnaire

☑ New ☐ Renewal

PART I--ORGANIZATION

1. Corporation/Sole Proprietor name CCS Enterprises LLC
2. D/B/A (Business Name) CSC Quick Stop 3. Bus. Phone _____
4. Business Address 1563 North Ave, Burlington, VT 05408
5. Contact person Chitrakhar Poudel 6. Contact Phone 802-343-9347
7. Email Address: sharmakumari439@gmail.com

PART II--OPERATION

1. Regular Hours of Operation:

Sunday 7Am - 8Pm Wednesday 6Am - 9pm Saturday 6Am - 9pm

Monday 6Am - 9pm Thursday 6Am - 9pm

Tuesday 6Am - 9pm Friday 6Am - 9pm

2. Occupancy Load_____ 3. # of Restrooms _____ 4. # of Egresses_____

5. Date of last Fire/Safety Check Dec 2024

PART III--MANAGER OF RECORD

Please provide the following information on the manager of record.

Manager of Record_____

Home Addres

Phone n_____ Social Security Numb_____

Driver's Lic_____ ate o_____ e of b_____

WITHIN THE PAST SEVEN YEARS HAS THE MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF STATE OR FEDERAL NARCOTICS LAW _____

ANY PENDING CHARGE _____