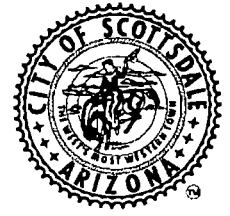


# CITY COUNCIL REPORT



Meeting Date: December 2, 2014  
 General Plan Element: *Land Use*  
 General Plan Goal: *Support a diversity of businesses.*

## **ACTION**

**Bar Liquor License Request for Fox Cigar Bar 117-LL-2014.** To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for Person Transfer of a Series 6 (bar) State liquor license for an existing location and new owner.

## **OWNER**

Fox Companies LLC

## **APPLICANT CONTACT**

Mitchell Joseph Fox

## **LOCATION**

7443 E 6<sup>th</sup> Ave.

## **BACKGROUND**

This request is for a Person Transfer of a Series 6 (bar) liquor license. This has been a licensed location since 2003, most recently operating with liquor as Roxy Lounge.

The zoning for this site is Highway Commercial/Parking District/Downtown Overlay (C-3/P-3/DO), which allows bars as a conditional use. This bar was originally established prior to the requirement for a conditional use permit. This establishment is 3,324 sq. ft. including an existing 199 sq. ft. patio.

## **APPLICANT'S PROPOSAL**

The applicant is seeking a favorable recommendation on a Person Transfer of a Series 6 (bar) liquor license. This allows a bar retailer to sell and serve spirituous liquors, primarily by individual portions, to be consumed on the premises and in the original container for consumption on or off the premises. The applicant has indicated that this establishment will serve liquor between the hours of

10:00 a.m. to 2:00 a.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

## **PETITIONS FROM PERSONS IN CLOSE PROXIMITY**

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The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.b. were received during the 20 (twenty) day posting period.

## **OTHER LICENSES & PERMITS**

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### **Financial Management**

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituos Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

## **IMPACT ANALYSIS**

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### **Current Planning Department.**

There will not be any significant changes to the floor plan.

### **Public Safety Division.**

**Police Department:** Recommendation No Opposition

**Major life safety issues:** None noted.

**Code Enforcement:** There are no current cases of code violations at this time relevant to the liquor license.

## **STATE GUIDELINES FOR CONSIDERING AN APPLICATION**

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### **A.R.S. Section 4-203.A Granting a License for a New Owner for a Certain Location.**

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant.

## **COUNCIL OPTIONS & STAFF RECOMMENDATION**

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### **Council Options**

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

### **Staff Recommendation**

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

### Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

### RESPONSIBLE DEPARTMENT(S)

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Teri Gleason, Planning Assistant, [tgleason@scottsdaleaz.gov](mailto:tgleason@scottsdaleaz.gov)  
Planning and Development Services

James Wasson, Lieutenant, Special Assignment, [jwasson@scottsdaleaz.gov](mailto:jwasson@scottsdaleaz.gov)  
Public Safety Division


Raun Keagy, Neighborhood Planning Director, [rkeagy@scottsdaleaz.gov](mailto:rkeagy@scottsdaleaz.gov)  
Planning and Development Services

### APPROVED BY

---

  
\_\_\_\_\_  
Tim Curtis, AICP, Current Planning Director  
480-312-4210, [tcurtis@scottsdaleaz.gov](mailto:tcurtis@scottsdaleaz.gov)

\_\_\_\_\_  
Date 11/12/2014

  
\_\_\_\_\_  
Randy Grant, Director  
Planning and Development Services  
480-312-2664, [rgrant@scottsdaleaz.gov](mailto:rgrant@scottsdaleaz.gov)

\_\_\_\_\_  
Date 11/12/14

### ATTACHMENTS

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- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: City of Scottsdale Applicant Questionnaire
- #4: State Application



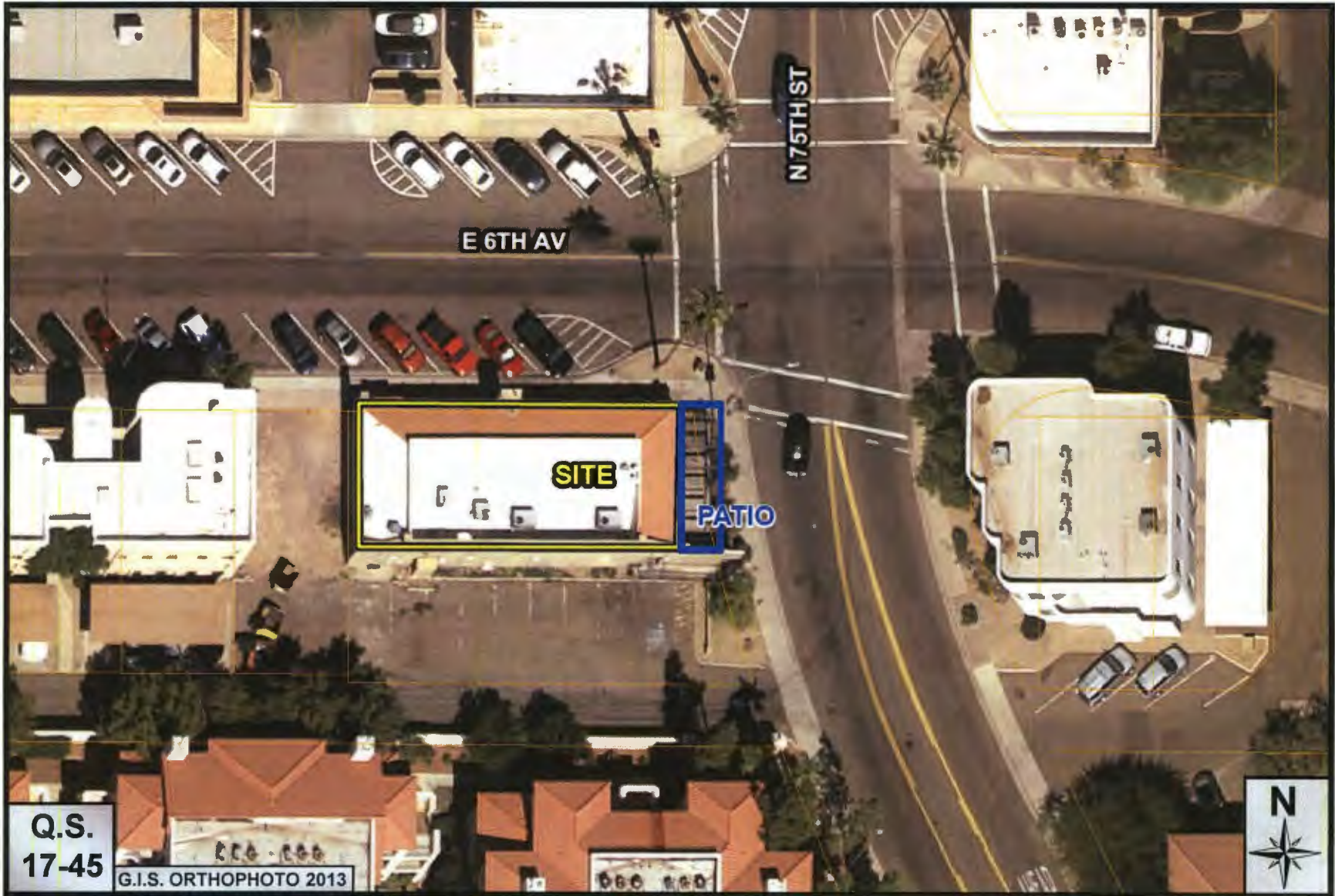
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17-45

G.I.S. ORTHOPHOTO 2013

**117-LL-2014**

**Fox Cigar Bar**

ATTACHMENT #1



Q.S.  
17-45

G.I.S. ORTHOPHOTO 2013

**117-LL-2014**

**Fox Cigar Bar**

ATTACHMENT #2



# Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Name of Business: Fox Cigar Bar

Business Address: 7443 East 6th Ave. Scottsdale AZ 85251

Total Gross Square Footage of Establishment: 3200

Was liquor sold at this location prior to this application?  Yes  No  
 If yes, what type of license? 6 bar

Is this business currently open?  Yes  No

If yes, is this business operating with an Interim license?  Yes  No

If no, what is the proposed opening date? January 15th 2015

Is this business under construction or being remodeled?  Yes  No

Does this business have an existing patio?  Yes  No Dimensions of patio 30x10

Does this business have a proposed patio?  Yes  No Dimensions of patio \_\_\_\_\_

**For Restaurants, Bars and Restaurants/Bars:**

Will the bar service area be in excess of 15% of the gross floor area?  Yes\*  No

Gross square footage of bar service area: 450

*(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)*

Will the kitchen be less than 15% of the gross floor area?  Yes\*  No

Gross square footage of kitchen: No kitchen

*(do not include refrigerators or areas used for storage of food or beverages)*

During what hours will the establishment provide full kitchen service? No kitchen

During what hours will the establishment offer liquor sales? 10 am 2 am

Will age verification be required/requested for admittance at any time during business operations?  Yes\*  No

Is a cover charge required for admittance at any time during business operations?  Yes\*  No

Will less than 40% of gross revenues be derived from the sale of prepared food?  Yes\*  No

\*May require a Conditional Use Permit

Please check one of the following that best describes the primary business operation:

packaged retail  restaurant  bar  personal service  education service

manufacturing  hotel / tourist accommodation  residential facility  sports / theater

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone 480-312-7000 • Fax 480-312-7088



# Liquor License Questionnaire

## Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

### Will this business feature any of the following:

- |                      |                               |  |                           |                               |  |
|----------------------|-------------------------------|--|---------------------------|-------------------------------|--|
| Patron Dancing?      | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No | Karaoke?                  | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |
| Live Bands?          | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No | DJ?                       | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |
| Amplified music?     | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No | Games?                    | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |
| Adult Entertainment? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No | Four or more pool tables? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |
| After hours?         | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |                           |                               |  |

\*May require a Conditional Use Permit

### Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

- I have the capability, qualifications and reliability to hold a liquor license because:  
I have run successful bars and liquor stores for 18 years.  
I generate significant tax dollars. I have never had a fine against my licenses.  
I bring an original fresh clean concept to Scottsdale that nobody else brings
- The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:  
Calm casual place to relax and enjoy a cigar!
- Please describe your business:  
High end retail cigar store with a bar to enjoy.

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: Mitchell Fox

Signature:

Date: 11/5/2014

**Submit**

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088

Arizona Department of Liquor Licenses and Control  
 800 West Washington, 5th Floor  
 Phoenix, Arizona 85007  
 www.azliquor.gov  
 602-542-5141

**APPLICATION FOR LIQUOR LICENSE**  
 TYPE OR PRINT WITH **BLACK INK**

11-22-2014

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

**SECTION 1** This application is for a:

- MORE THAN ONE LICENSE
- INTERIM PERMIT *Complete Section 5*
- NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- PERSON TRANSFER (Bars & Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 11, 13, 15, 16*
- LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 12, 13, 15, 16*
- PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
*Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)*
- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

**SECTION 2** Type of ownership:

- J.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER (Explain) \_\_\_\_\_

**SECTION 3** Type of license and fees LICENSE #(s): 06070173

1. Type of License(s): Bar #6

2. Total fees attached:

Department Use Only  
 \$ 244.00

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.**  
 The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

**SECTION 4** Applicant

- 1. Owner/Agent's Name:  Mr. Fox Mitchell Joseph P1036749  
 (Insert one name ONLY to appear on license) Last First Middle
- 2. Corp./Partnership/L.L.C.: Fox Companies LLC B1037686  
 (Exactly as it appears on Articles of Inc. or Articles of Org.)
- 3. Business Name: Fox Cigar Bar B1009984  
 (Exactly as it appears on the exterior of premises)
- 4. Principal Street Location: 7443 East 6th Avenue Scottsdale Maricopa 85251  
 (Do not use PO Box Number) City County Zip
- 5. Business Phone: 480-983-5420 Daytime Phone: 480-421-8429 Email: mitchell@foxtobacco.com
- 6. Is the business located within the incorporated limits of the above city or town?  YES  NO
- 7. Mailing Address: 1464 East Williams Field Road Suite 104 Gilbert Arizona 85295  
 City State Zip
- 8. Price paid for license only bar, beer and wine, or liquor store: Type 6 \$ 100,000.00 Type \$

DEPARTMENT USE ONLY				
Fees:	\$100.00	\$100.00	—	\$44.00
	Application	Interim Permit	Site Inspection	Finger Prints
				\$ 244.00
				<b>TOTAL OF ALL FEES</b>
Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
Accepted by:	DW	Date:	10/29/14	Lic. # 06070173



**SECTION 5 Interim Permit:**

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1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 06070173
4. Is the license currently in use?  YES  NO If no, how long has it been out of use? \_\_\_\_\_

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, Ryan Tocque, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X Pete A. Schuchrodt  
(Signature) SPA

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

My commission expires on: JUNE 2017



24 day of OCTOBER 2014  
Day Month Year

Robert Jon Bredient  
(Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business?  YES  NO  
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.  
 L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: Fox Companies, LLC  
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 03/23/2006 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
4. AZ L.L.C. File No: L-1272635-3 Date authorized to do business in AZ: 03/23/2006
5. Is Corp./L.L.C. Non-profit?  YES  NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
Fox,	Mitchell	J.	Manager	1464 E. Williams Field Road, #104 Gilbert, AZ 85295	
The SAMANTHA BARKER REV. TRUST MEMBER				1464 E. Williams Field Rd #104 Gilbert, AZ 85295	
The Mitchell J. Fox Rev. Trust Member				9753 E. Idaho Ave. Mesa, AZ 85209	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
The Mitchell J. Fox Revocable Living Trust u/t/a dtd October 1, 2003, as amended			99%	1464 E. Williams Field Road, #104 Gilbert, AZ 85295	
MITCHELL J. FOX, TRUSTEE					
THE SAMANTHA BARKER REV. TRUST (SAMANTHA FLYNN, TRUSTEE)			1%	1464 E. Williams Field Rd #104 Gilbert, AZ 85295	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
 (Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit?  YES  NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Governmental Entity: \_\_\_\_\_
2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: Jocque Ryan Michael Entity: AGENT  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: ELIZABETH M ENTERTAINMENT LLC  
(Exactly as it appears on license)
3. Current Business Name: ELECTRIC BALLROOM  
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 7443 E. 6TH AVE  
City, State, Zip SCOTTSDALE, AZ 85251
5. License Type: 6 License Number: 06070173
6. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
7. Current Mailing Address: Street 7807 E. CHERRY LYNN RD  
(Other than business) City, State, Zip SCOTTSDALE, AZ 85251
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer?  YES  NO
9. Does the applicant intend to operate the business while this application is pending?  YES  NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, Pats Ryan Jocque, hereby authorize the department to process this application to transfer the privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, Ryan Jocque, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

Pats H. Schabert  
(Signature of CURRENT LICENSEE)  
SPH

State of ARIZONA County of MARICOPA  
The foregoing instrument was acknowledged before me this 24 OCTOBER 2014  
Month Year

My commission expires on: JUNE 1, 2017



Robert Jon Bedient  
(Signature of NOTARY PUBLIC)

14 OCT 29 11:41 AM '14

**SPECIAL POWER OF ATTORNEY**

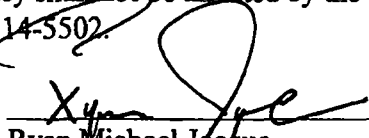
KNOW ALL MEN BY THESE PRESENTS:

That I, Ryan Michael Jocque, with local offices located 7328 E. Stetson Drive, Scottsdale, Arizona 85251 ("Agent and/or Principal") do hereby make, constitute and appoint Peter H. Schelstraete, Attorney at Law with his office at Two Renaissance Square, 40 North Central, Suite 1400, Phoenix, Arizona 85004 as my true and lawful Attorney-In-Fact, for me and in my name, place and stead, and for my use, behalf and benefit to perform the following acts and things:

To make, execute and deliver any and all applications, amendments, forms or documents necessary in connection with matters in any way relating to the sale, transfer, file as inactive, purchase, apply for, amend, renew, premises extension or general maintenance of any Liquor License or Legal Entity in the State of Arizona on behalf of myself or as a corporate officer, member, director, partner or owner, as I might be required to sign.

Agent and Principal gives and grants to Attorney-In-Fact full power to do and perform all and every act and thing whatsoever requisite and necessary to be done as fully to all intents and purposes as Agent and Principal might or could do if personally present. Agent and Principal ratifies and confirms all that Attorney-In-Fact shall lawfully do or cause to be done by virtue of this Special Power of Attorney.

This Special Power of Attorney shall not be affected by the disability of Agent and Principal. A.R.S. Sections 14-5501, 14-5502.

  
\_\_\_\_\_  
Ryan Michael Jocque

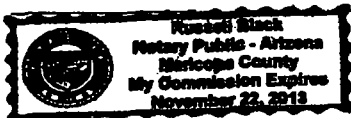
STATE OF ARIZONA        )  
  ) ss.  
County of Maricopa        )

On this 29 day of April 2013, before me, the undersigned Notary Public, personally appeared Ryan Michael Jocque, known to me (or satisfactorily proven) to be the person whose name is described to the foregoing instrument, and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS HEREOF, I hereunto set my hand and official seal.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:



14 OCT 29 09P. DEPT 011121

STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL  
ALCOHOLIC BEVERAGE LICENSE

License 06070173

Issue Date: 5/7/2007

Expiration Date: 1/31/2015

Issued To:  
RYAN MICHAEL JOCQUE, Agent  
ELIZABETH M ENTERTAINMENT LLC, Owner

Bar

Mailing Address:

Location:  
ELECTRIC BALLROOM  
7443 E 6TH AVE  
SCOTTSDALE, AZ 85251

RYAN MICHAEL JOCQUE  
ELIZABETH M ENTERTAINMENT LLC  
ELECTRIC BALLROOM  
8707 E CHEERY LYNN RD  
SCOTTSDALE, AZ 85251

EXP 10/31/2015



POST THIS LICENSE IN A CONSPICUOUS PLACE

**SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name \_\_\_\_\_  
(Exactly as it appears on license) Address \_\_\_\_\_
2. New Business: Name \_\_\_\_\_  
(Physical Street Location) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
4. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
5. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

**SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):**

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 3696 ft. Name of school Our Lady of Perpetual Help Catholic School  
Address 3801 North Miller Road Scottsdale Arizona 85251  
City, State, Zip \_\_\_\_\_

2. Distance to nearest church: 2122 ft. Name of church Scottsdale United Methodist Church  
Address 4140 North Miller Road Scottsdale Arizona  
City, State, Zip \_\_\_\_\_

3. I am the:  Lessee  Sublessee  Owner  Purchaser (of premises)

4. If the premises is leased give lessors: Name GPW Trust  
Address 7443 East 6th Avenue Scottsdale Arizona 85251  
City, State, Zip \_\_\_\_\_

4a. Monthly rental/lease rate \$ 8800.00 What is the remaining length of the lease 10 yrs. 0 mos.

4b. What is the penalty if the lease is not fulfilled? \$ 32,000.00 or other \_\_\_\_\_  
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0  
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Cigar Bar

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**SECTION 13 - continued**

- 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?  
 YES  NO If yes, attach explanation.
- 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business?  YES  NO
- 9. Is the premises currently licensed with a liquor license?  YES  NO If yes, give license number and licensee's name:

License # 06070173 (exactly as it appears on license) Name Elizabeth M Entertainment  
RYAN MICHAEL JOLBOE

**SECTION 14 Restaurant or hotel/motel license applicants:**

- 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location?  YES  NO  
 If yes, give the name of licensee, Agent or a company name:

\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle

- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this  hotel/motel  restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

\_\_\_\_\_  
 applicant's signature

As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

\_\_\_\_\_  
 applicants initials

**SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)**

- 1. Check ALL boxes that apply to your business:  
 Entrances/Exits       Liquor storage areas      Patio:  Contiguous  
 Service windows       Drive-in windows       Non Contiguous
- 2. Is your licensed premises currently closed due to construction, renovation, or redesign?  YES  NO  
 If yes, what is your estimated opening date? 01/01/2015  
month/day/year
- 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

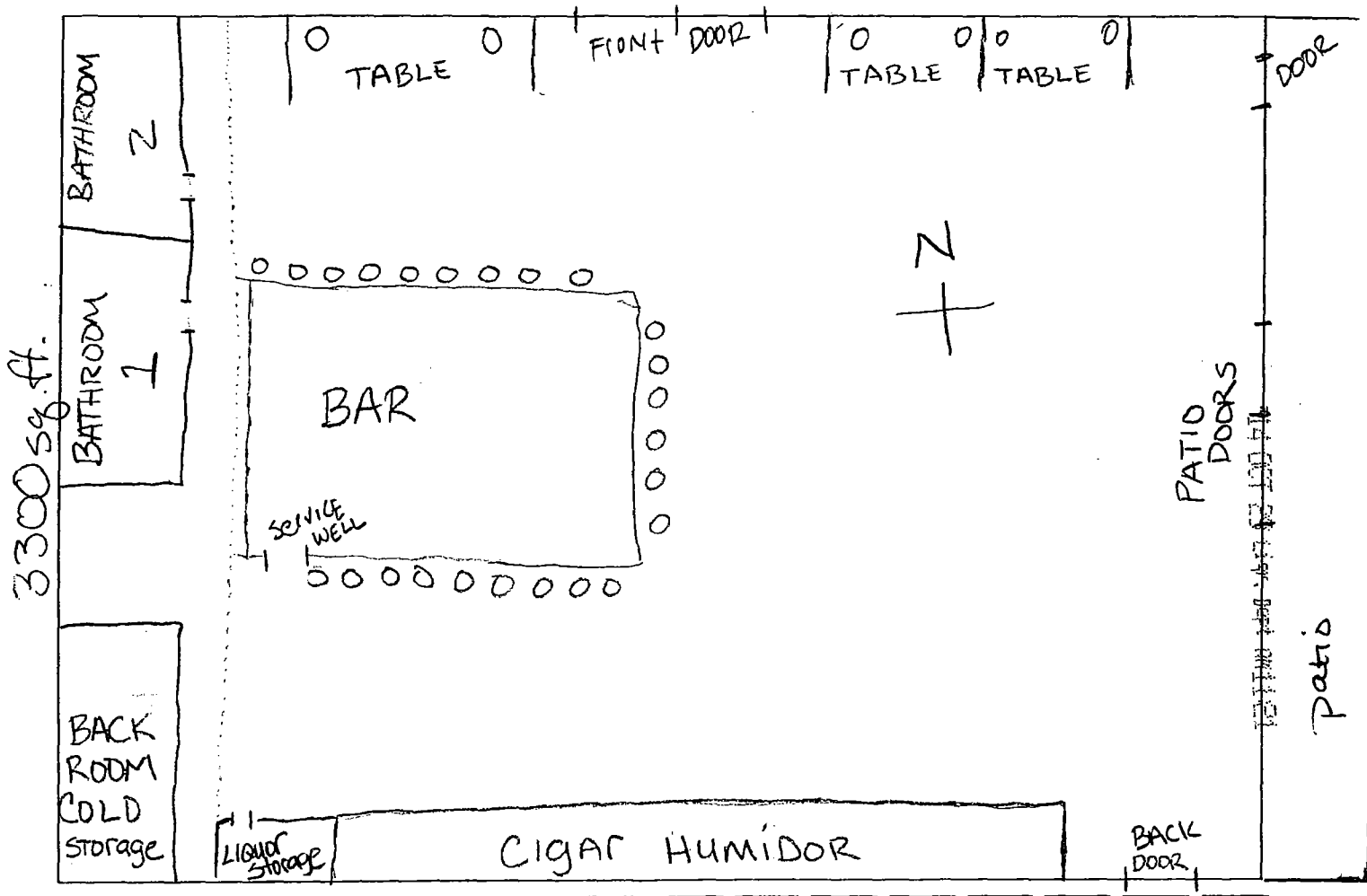
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

MF  
 applicants initials

**SECTION 15 Diagram of Premises**

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

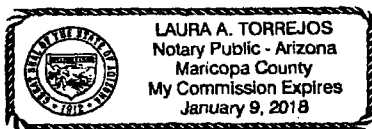
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



**SECTION 16 Signature Block**

I, Joseph Mitchell Fox, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]  
(signature of applicant listed in Section 4, Question 1)



State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 22nd of October, 2014  
Day Month Year

[Signature]  
signature of NOTARY PUBLIC

My commission expires on: 09 01 2018  
Day Month Year