

CITY COUNCIL REPORT



Meeting Date: November 10, 2015
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses.*

ACTION

Restaurant Liquor License Request for Le Cordon Bleu College of Culinary Arts 90-LL-2015. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Series 12 (restaurant) State liquor license for an existing location and new owner.

OWNER

CEC Food and Beverage LLC

APPLICANT CONTACT

Craig R Bartholomew

LOCATION

4301 N Scottsdale Rd Suite 200

BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This has been a licensed location since 2002, operating with liquor as Le Cordon Bleu College of Culinary Arts.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 12 (restaurant) liquor license. This allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its total revenue from the sale of food.

IMPACT ANALYSIS

Reliability and Location

A.R.S. Section 4.-203.A and R19-1-702 Granting a License for a New Owner for a Certain Location.

The capability, qualifications and reliability of the applicant has been shown.

Restaurant/Culinary School

This facility will continue to operate as a restaurant school for culinary education.

Zoning.

This site is zoned Downtown/Regional Commercial Office Type 2/Planned Block Development (D/RCO-2 PBD). The D/RCO-2 PBD district allows restaurants/educational facilities as a permitted use.

Public Safety

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

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

Public Notice and Proximity

A.R.S. Section 4-201.B. Petitions from Persons in Close Proximity.

The applicant has maintained the required posting notice for the State mandated 20-day period.

No petitions or protests were received during the 20 (twenty) day posting period.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, disapproval 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, disapproval 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)

Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov
Planning and Development Services

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Neighborhood Planning Director, rkeagy@scottsdaleaz.gov
Planning and Development Services

APPROVED BY



Tim Curtis, AICP, Current Planning Director
480-312-4210, tcurtis@scottsdaleaz.gov

10/8/2015

Date



Randy Grant, Director
Planning and Development Services
480-312-2664, rgrant@scottsdaleaz.gov

10/22/15

Date

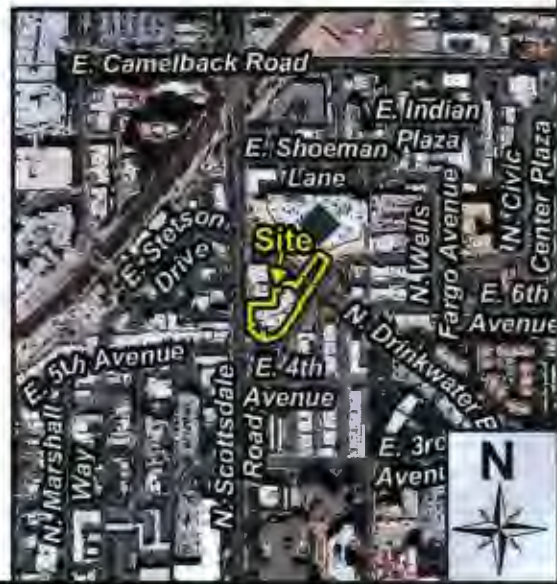
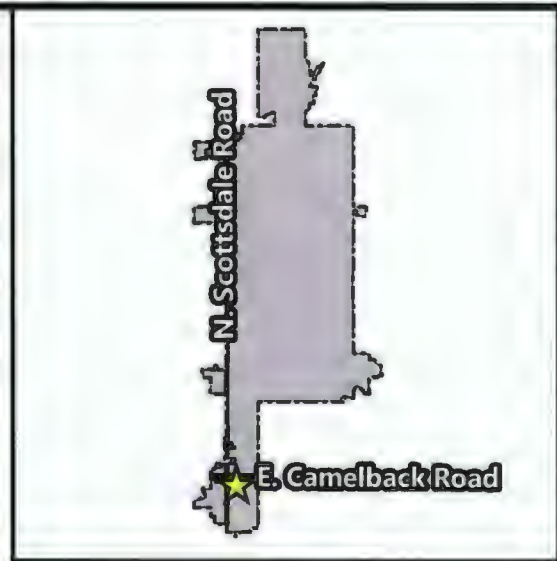
ATTACHMENTS

- #1: Map
- #2: City of Scottsdale Applicant Questionnaire
- #3: State Application



Q.S.
17-45

G.I.S. Orthophoto 2014



90-LL-2015

Le Cordon Bleu College of Culinary Arts



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: LeCordon Bleu College of Culinary Arts Scottsdale

Business Address: 4301 N Scottsdale Rd Suite 200, Scottsdale AZ 85251

Total Gross Square Footage of Establishment: _____

Was liquor sold at this location prior to this application? Yes No

If **yes**, what type of license? _____

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? _____

Is this business under construction or being remodeled? Yes No

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

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

During what hours will the establishment provide full kitchen service? N/A

During what hours will the establishment offer liquor sales? N/A

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.

1. I have the capability, qualifications and reliability to hold a liquor license because:

We have operated the school for years under a different license and have been able to manage
that in a successful and compliant manner.

2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:

We are providing education in the culinary arts

3. Please describe your business:

Culinary School

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: Craig Robert Boethelmann Signature: Date: 9/29/15

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

90-LL-2015

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): 1207A395

1. Type of License(s): Restaurant Type 12

2. Total fees attached:

Department Use Only \$ 316.00

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

- Owner/Agent's Name: Mr. Bartholomew Craig R P1074656
Corp./Partnership/L.L.C.: CEC Food and Beverage LLC B1056237
Business Name: Le Cordon Bleu College of Cullinary Arts Scottsdale B1027274
Principal Street Location: 4301 N Scottsdale Rd Suite 200 Scottsdale Maricopa 85251
Business Phone: 480-425-3105 Daytime Phone: 480-425-3105 Email: cbartholomew@scottsdale.chefs.edu
Mailing Address: 231 N Martingale Rd Schaumburg IL 60173
Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: Application 100.00 Interim Permit 100.00 Site Inspection 50.00 Finger Prints 66.00 \$ 316.00 TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? YES NO

Accepted by: SG Date: 9/15/15 Lic. # 1207A395

SECTION 5 Interim Permit:

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. 12075183
4. Is the license currently in use? YES NO If no, how long has it been out of use? 9 MONTHS

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

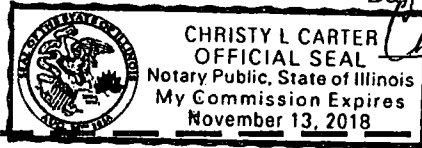
I, Kenneth R. Zick declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location

State of ILLINOIS County of COOK

X [Signature]
(Signature)

The foregoing instrument was acknowledged before me this 11th day of August, 2015
Day Month Year

My commission expires on: 11/13/2018



[Signature]
(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#

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE
License 12075183

Issue Date: 8/6/2002

Expiration Date: 3/31/2016

Issued To:

JON PAUL HUTCHINS, Agent
SCOTTSDALE CULINARY INSTITUTE LTD, Owner

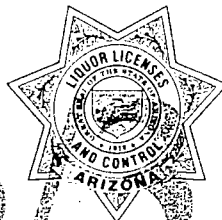
Mailing Address:

JON PAUL HUTCHINS
SCOTTSDALE CULINARY INSTITUTE LTD
SCOTTSDALE CULINARY INSTITUTE LE CORDON BLEU
231 N MARTINGALE RD
SCHAUMBURG, IL 60173

Location:

SCOTTSDALE CULINARY INSTITUTE LE CORDON BLEU
4301 N SCOTTSDALE RD STE 200
SCOTTSDALE, AZ 85251

EXP 3/31/2016



POST THIS LICENSE IN A CONSPICUOUS PLACE

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.: CEC Food and Beverage LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 2/20/2015 State where Incorporated/Organized: Delaware
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: R1986183.4 Date authorized to do business in AZ: 2/24/2015
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
Zilch	Kenneth	R	Manager	231 N Martingale Rd Schaumburg, IL 60173	
CEC Real Estate Holding, Inc.			Member	231 N Martingale Rd Schaumburg, IL 60173	

(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
CEC Real Estate Holding, Inc.			100%	231 N Martingale Rd. Schaumburg, IL. 60173	

(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:

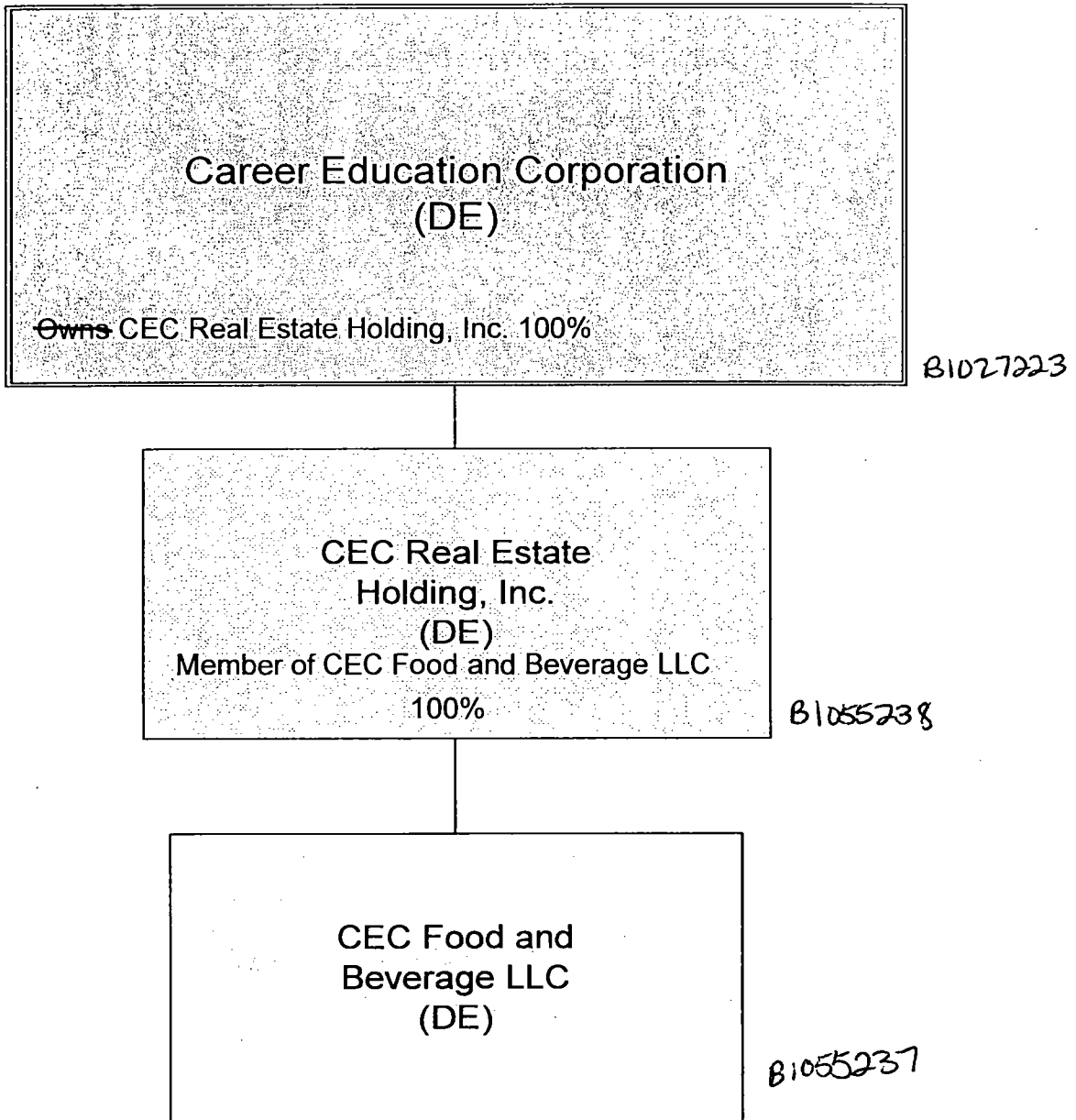
Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Career Education Corporation is a publically traded company **
and is the parent company of CEC Real Estate Holding, Inc. and
CEC Food and Beverage LLC)

As of 9/15/2015

** No shareholder owns over 10% of Career Education Corporation stock.



Career Education Corporation**Officers as of September 15, 2015**

First Name	Last Name	Title
David	Rawden	Interim Chief Financial Officer
Gail	Rago	SVP, Deputy General Counsel and Assistant Corporate Secretary
Godd	Nelson	President and Chief Executive Officer
Jeffrey	Cooper	Senior Vice President and Chief Compliance Officer
Kenneth	Zilch	Senior Vice President Corporate Tax and Risk Management, Assistant Secretary and Treasurer
Jeffrey	Ayers	Senior Vice President, General Counsel and Corporate Secretary
Lisa	Clemens	Senior Vice President, Transitional Operations and Chief Transformation Officer
Jason	Friesen	SVP, Chief University Education Officer

CEC Food and Beverage LLC

Owner Name	Owner Type	Ownership %	Certificates Held	# of Shares	% of Issued	Held As Of Date	Start Date
CEC Real Estate Holding, Inc.	Parent member	100				08/11/2005	08/11/2005

15 MAR 19 04 PM 9 05

CEC Food and Beverage LLC

Name	Title	Expires On	Term
Kenneth R. Zilch	Manager	12/31/2999	Perpetual

15 MAR 19 11:47. Dept RM 9:05

CEC Real Estate Holding, Inc.

Name	Title	Expires On	Term
Jeffrey D. Ayers	Director	12/31/2999	Perpetual
Jeffrey D. Ayers	Secretary	12/31/2999	Perpetual
Jeffrey D. Ayers	Vice President	12/31/2999	Perpetual
Kenneth R. Zilch	Director	12/31/2999	Perpetual
Kenneth R. Zilch	President	12/31/2999	Perpetual
Kenneth R. Zilch	Treasurer	12/31/2999	Perpetual

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: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
- 2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
- 3. Current Business Name: _____
(Exactly as it appears on license)
- 4. Physical Street Location of Business: Street _____
City, State, Zip _____
- 5. License Type: _____ License Number: _____
- 6. If more than one license to be transferred: License Type: _____ License Number: _____
- 7. Current Mailing Address: Street _____
(Other than business) City, State, Zip _____
- 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, _____, hereby authorize the department to process this application to transfer the
(print full name)
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, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

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: 2900 ft. Name of school Scottsdale United Methodist School
Address 4140 N Miller Rd Scottsdale, AZ 85251
City, State, Zip

2. Distance to nearest church: 2900 ft. Name of church Scottsdale United Methodist Church
Address 4140 N Miller Rd Scottsdale, AZ 85251
City, State, Zip

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

4. If the premises is leased give lessors: Name Scottsdale Galleria Project Owner, LLC
Address 4501 Stockdale Rd. Suite 201, Scottsdale, AZ. 85251
City, State, Zip

4a. Monthly rental/lease rate \$ 123,063.37 What is the remaining length of the lease 1 yrs. 11 mos.

4b. What is the penalty if the lease is not fulfilled? \$ 0 or other Rent due to end of term.
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ N/A 0 CB
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)? Culinary Education Restaurant

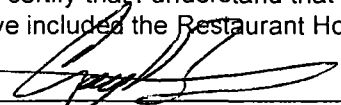
SECTION 13 - continued

- 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:

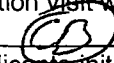
License # 12075183 (exactly as it appears on license) Name Jon Paul Hutchins

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:
Hutchins Jon Paul and license #: 12075183
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 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? _____
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.

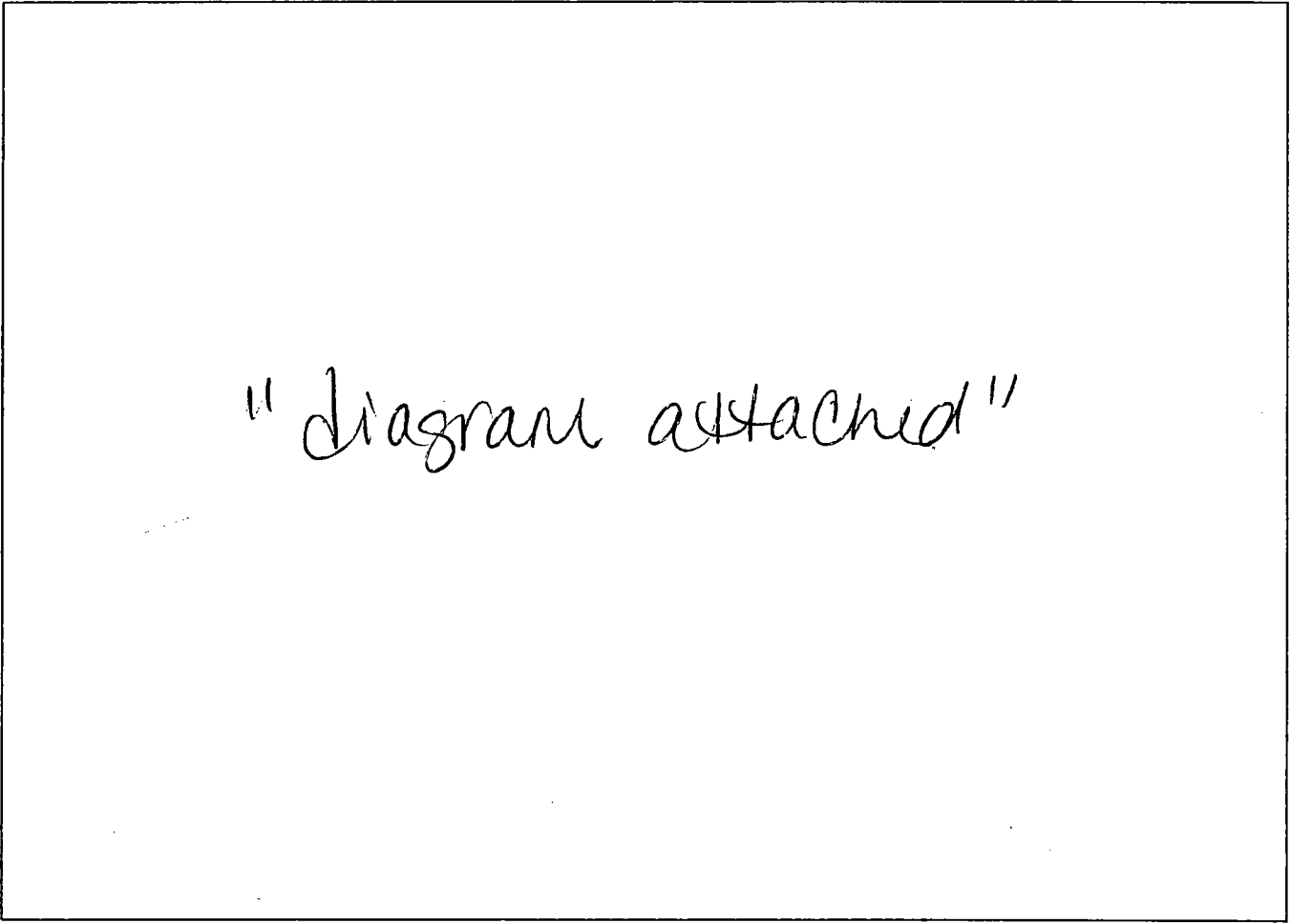
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this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


 applicants initials

SECTION 15 Diagram of Premises

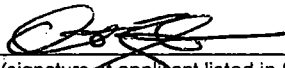
4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not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

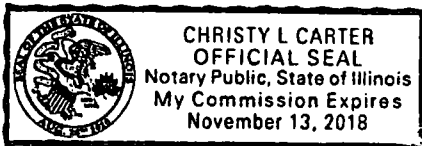


SECTION 16 Signature Block

I, Kenneth R Zilch, 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.

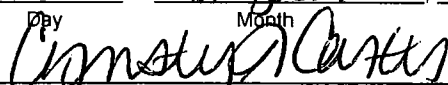
X 
(signature of applicant listed in Section 4, Question 1)

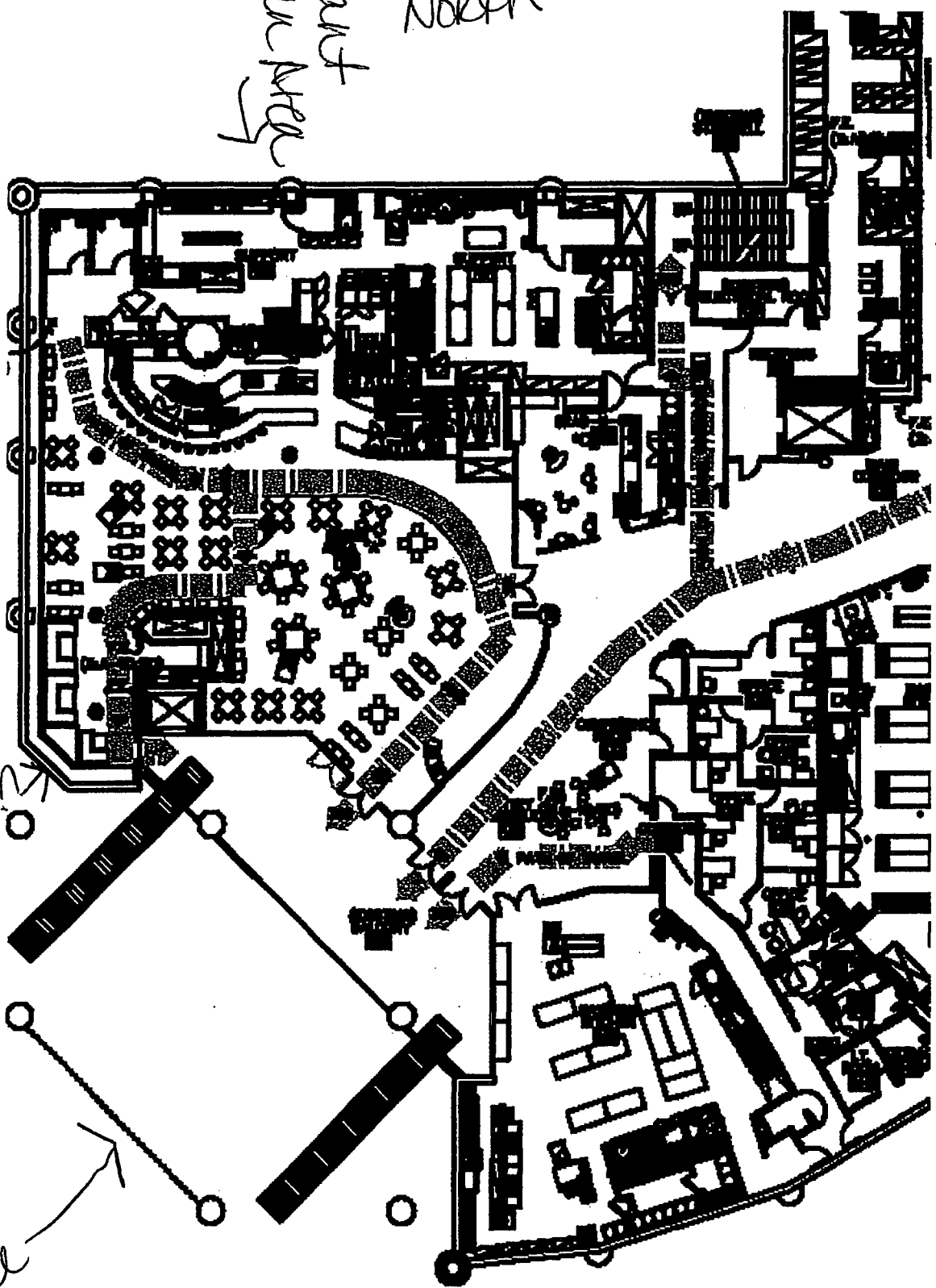
State of ILLINOIS County of COOK



The foregoing instrument was acknowledged before me this 11th of August, 2015
Day Month Year

My commission expires on : 13 11 2018
Day Month Year


signature of NOTARY PUBLIC



↑
North

Restaurant
Kitchen Area

↓
Storage

↓
Kitchen
Storage

↗
Main
Entrance
&
Exit

↑ North

Liquor Storage

Restaurant + Kitchen Area

Building Entrance & Exit

Bldg Entrance & Exit

PROPOSED OVERALL FIXTURE & EXITING PLAN

Total School Size
49,884 SQ FT

DATE	2-10-04
SCALE	1/4" = 1'-0"
DRAWN BY	EDMAN A.
PROJECT NO.	004480

SCOTTSDALE CULINARY INSTITUTE
 PROPOSED OVERALL FIXTURE & EXITING P
 4301 N. Scottsdale Road
 Scottsdale, Arizona 85251

OVERALL
 FIXTURE & EXITING PLAN

AAD: fitch

Therese A. Fitch, P.E., AIA
 10025 N. 30th Street, Suite 200
 Scottsdale, AZ 85251
 Phone: 480-344-3333
 Fax: 480-344-3334

DATE	2-10-04	SHEET
SCALE	1/4" = 1'-0"	A0
DRAWN BY	EDMAN A.	
PROJECT NO.	004480	