

CITY COUNCIL REPORT



Meeting Date: February 9, 2016
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses.*

ACTION

Hotel/Motel Liquor License Request for Aloft Scottsdale 2-LL-2016. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Series 11 (Hotel/Motel) State liquor license for an existing location and new owner.

OWNER

Triyer Entertainment Scottsdale 1, LLC

APPLICANT CONTACT

Joseph Hubay Dies

LOCATION

4415 N Civic Center Plaza

BACKGROUND

This request is for a Series 11 (hotel/motel) liquor license. This has been a licensed location since 1994, most recently operating with liquor as Hotel Indigo.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 11 (hotel/motel) liquor license. This non-transferable, on-sale retail privileges liquor license allows the holder of a hotel/motel license to sell and serve spirituous liquor solely for consumption on the premises of a hotel or motel that has a restaurant where food is served on the premises.

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.

Resort Operations.

This owner intends to continue operating this location as a resort with an ancillary restaurant.

This establishment is 61,316 sq. ft. The restaurant portion of the hotel is approximately 3,644 sq. ft. including a 1,232 sq. ft. patio.

Zoning.

This site is zoned Downtown District Office/Residential Type 2 with the Downtown Overlay (D/OR-2 DO). The D/OR-2 DO district allows hotel/motel uses.

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

Joseph LeDuc, Lieutenant, jleduc@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

Date 1/12/2016

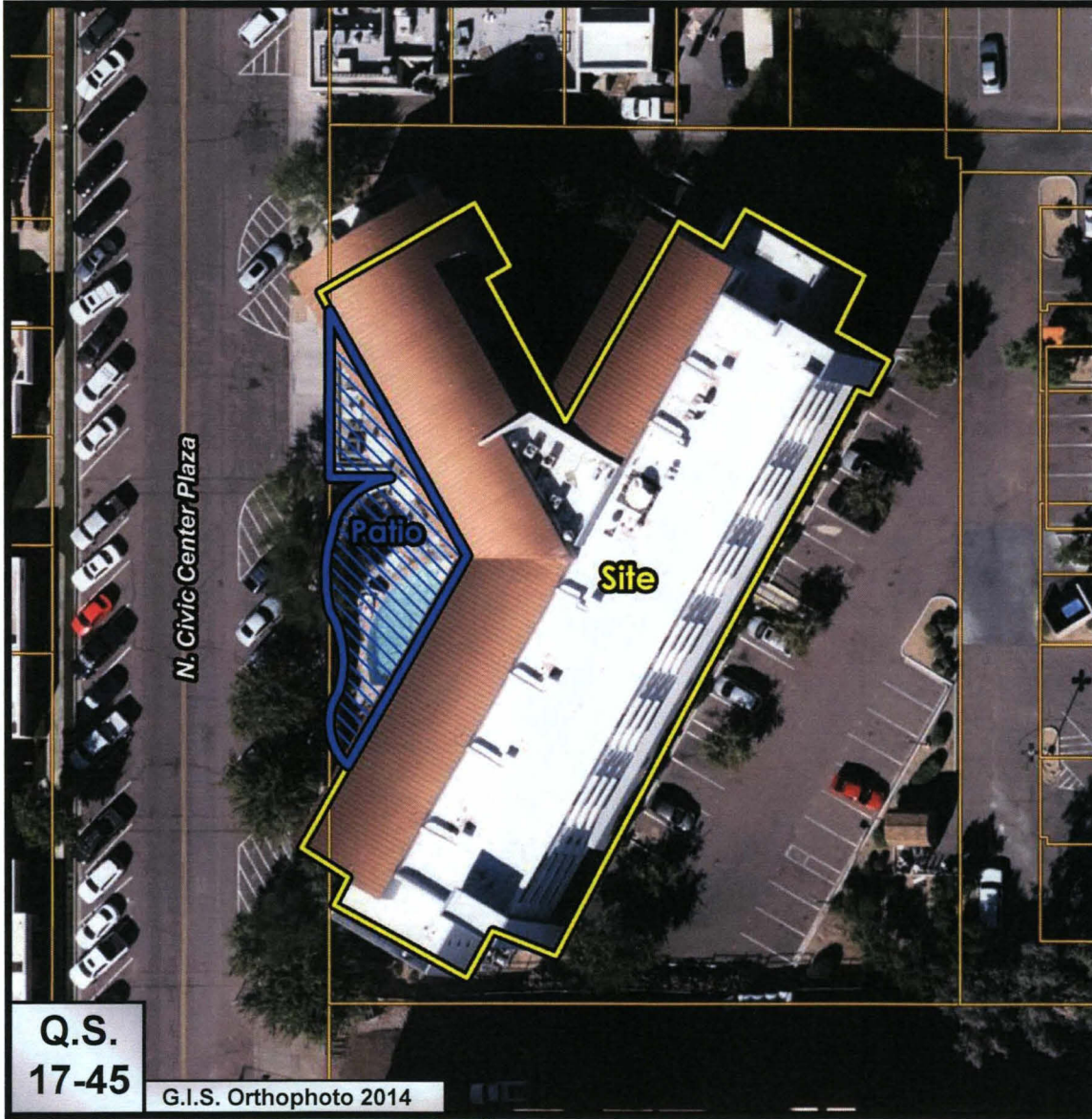


Randy Grant, Director
Planning and Development Services
480-312-2664, rgrant@scottsdaleaz.gov

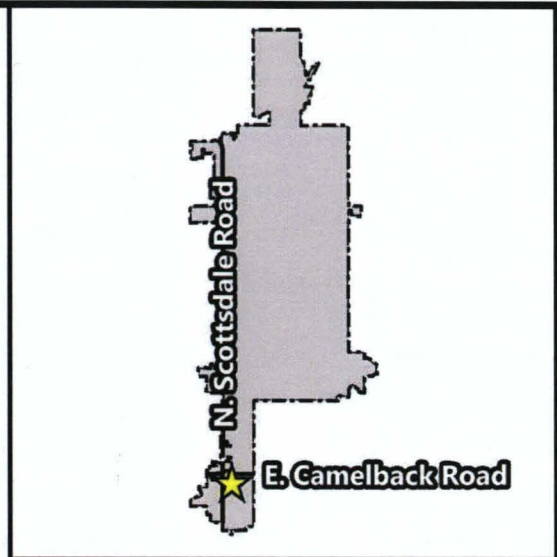
Date 1/19/16

ATTACHMENTS

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



Q.S.
17-45
G.I.S. Orthophoto 2014



2-LL-2016

Aloft Scottsdale



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: Aloft Scottsdale

Business Address: 4415 N Civic Center Plaza

Total Gross Square Footage of Establishment: 61,316

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

If **yes**, what type of license? Series 11

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 1269

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: 600

(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: 300

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

During what hours will the establishment provide full kitchen service? 10 am-12am

During what hours will the establishment offer liquor sales? 10 am -12 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.

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

I am the agent for two other liquor licenses in Scottsdale and another in Tempe (an Aloft hotel). I have zero liquor related issues, I right a very tight ship and communicate very well with my neihgboring businesses and residents. I also have a great relationship withe the City, SPD and the Department of AZLLC

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

Our tranformation of the former Indigo Hotel into the Aloft Hotel will help with the ever growing demand for business and leisure travelers to Scottsdale.

3. Please describe your business:

Triyar/Stockdale owns and operates top hospitality venues in Scottsdale including the W Hotel, Dakota and Maya

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: Joseph Dies

Signature: 

Date: 1/5/15

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 W Washington 5th Floor
Phoenix, AZ 85007
www.azliquor.gov
(602) 542-5141

15 DEC 19 Lic. Dept AM 11:14

2-11-2016

15 DEC 29 Lic. Dept AM 10:03

Application for Liquor License
Type or Print with Black Ink

SECTION 1 This application is for a:

- Interim Permit (Complete Section 5)
New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
Location Transfer (Bars and Liquor Stores Only)
Probate/ Will Assignment/ Divorce Decree
Government (Complete Sections 2, 3, 4, 10, 13, 16)
Seasonal

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)
Tribe (Complete Section 6)
Other (Explain)

SECTION 3 Type of license

LICENSE # 11077074

1. Type of License: Hotel/Motel with Restaurant - Series 11

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Dries Joseph Hubay
Last First Middle

2. Owner Name: Triyev Entertainment Scottsdale 1, LLC 731040731
(Ownership name for type of ownership checked on section 2)

3. Business Name: Aloft Scottsdale 81035915
(Exactly as it appears on the exterior of premises)

4. Business Location Address: 4415 N Civic Center Plz Scottsdale AZ 85251 Maricopa
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 4501 N Scottsdale Rd # 201 Scottsdale AZ 85251
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: 602.948.8888 Daytime Contact Phone: 805.570.8363

7. Email Address: jdigggs@triyarent.com

8. Is the Business located within the incorporated limits of the above city or town? Yes No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No

If Yes, what City, Town or Tribal Reservation is this Business located in:

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$

Department Use Only
Fees: Application 100, Interim Permit, Site Inspection 50, Finger Prints, Total of All Fees 150-
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes No
Accepted by: MS. Date: 12/29/2015 License # 11077074

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: _____
 2. Is the license currently in use? Yes No If no, how long has it been out of use? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING
 (Print Full Name) PERSON on the stated license and location.

X _____
 (Signature)

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

_____ day of _____, _____
 Day Month Year

My Commission Expires on: _____
 Date (Signature of Notary Public)

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

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

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

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

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

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

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

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

Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7

L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

- Name of Corporation/ L.L.C.: Triyar Entertainment Scottsdale 1, LLC
- Date Incorporated/Organized: 1/15/08 State where Incorporated/Organized: AZ
- AZ Corporation or AZ L.L.C File No: L14216336 Date authorized to do Business in AZ: 1/17/08
- Is Corp/L.L.C. Non Profit? Yes No
- List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Triyar	Entertainment	LLC	member	2800 N. 44th St #150 PHX	AZ	85014	

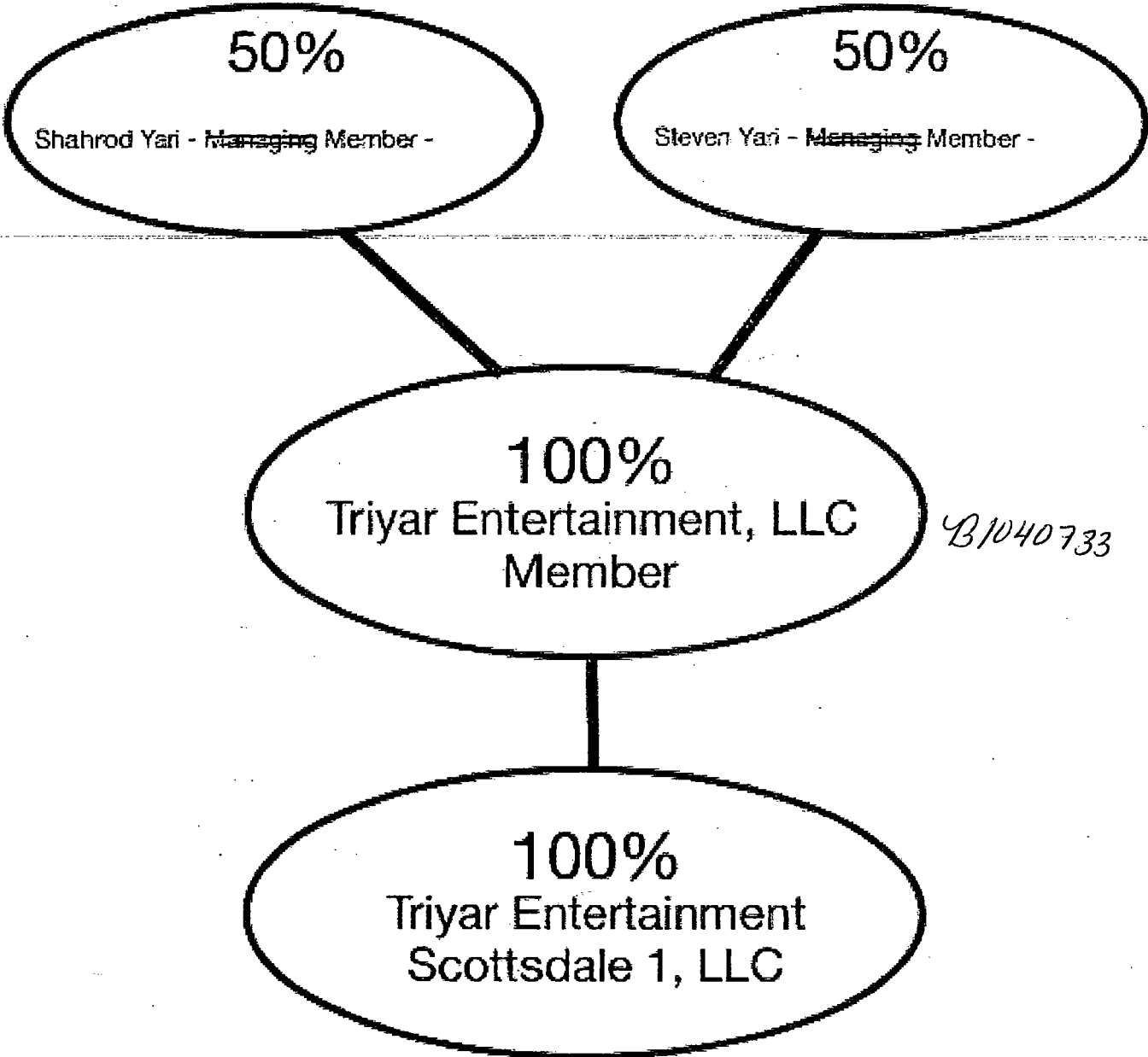
(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Triyar	Entertainment	LLC	100%	2800 N. 44th St #150 PHX	AZ	85014	

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.



SECTION 8 Club Applicants

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

1. Name of Club: _____

2. Is Club non-profit? Yes No

3. List all controlling members (minimum of four (4) requested)

Last	First	Middle	Mailing Address	City	State	Zip Code

(Attach additional sheet if necessary)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Liquor License

1. Current Licensee's Name: _____
(Exactly as it appear on the license) Last First Middle

2. Assignee's Name: _____
Last First Middle

3. License Type: _____ License Number: _____

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.

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

1. Government Entity: _____

2. Person/Designee: _____
First Last Middle Day time Contact Phone #

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

SECTION 11 Location to Location Transfer: Series 6 Bar, Series 7 Beer & Wine Series 9 Liquor Stores only)

1. Current Business: Name: _____

Address: _____

(Exactly as it appears on license)

2. New Business: Name: _____

Address: _____

3. License Type: _____ License Number: _____

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: _____ Entity: _____
Last First Middle (Individual, Agent, Etc)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? Yes No

8. Does the applicant intend to operate the business while this application is pending? Yes No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) _____ 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, (Print Full Name) _____, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X _____
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of _____ County of _____
State County

The foregoing instrument was acknowledged before me this _____ day of _____, _____.
Day Month Year

My commission expires on _____
Day/ Month/Year Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants EXCLUDING those applying for a Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.

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: _____ Name of School: _____
 (if less than one (1) mile note footage) Address: _____

2. Distance to nearest Church: _____ Name of Church: _____
 (if less than one (1) mile note footage) Address: _____

SECTION 14 Business Financials

1. I am the: Lessee Sub-lessee Owner Purchaser Management Company

2. If the premise is leased give lessors: Name: _____
 Address: _____
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ _____

4. What is the remaining length of the lease? _____ yrs _____ months

5. What is the penalty if the lease is not fulfilled? \$ _____ or other: _____
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
Hotel restaurant and bar operations at the Aloft Scottsdale

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? Yes No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? Yes No

10. Is the premises currently license with a liquor license? Yes No

If yes, give license number and licensee's name:

License #: _____ Individual Owner /Agent Name: _____
(Exactly as it appears on license)

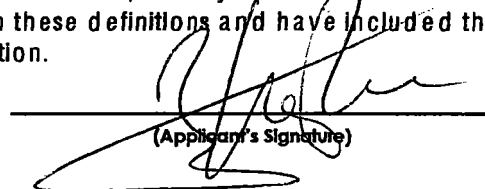
SECTION 15 Restaurant or hotel/motel license applicants

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No

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 provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this Restaurant Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.


(Applicant's Signature)

5. 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.


(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- Entrances/Exits Liquor storage areas **Patio:** Contiguous
- Walk-up windows Drive-through windows Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? Yes No
If yes, what is your estimated completion date? 1/5/16
Month/Day/Year

2. **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. Place for diagram is on section 16 number 6.

3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).

4. 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 the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.


(Applicant's Initials)

SECTION 16 Diagram of Premises – continued

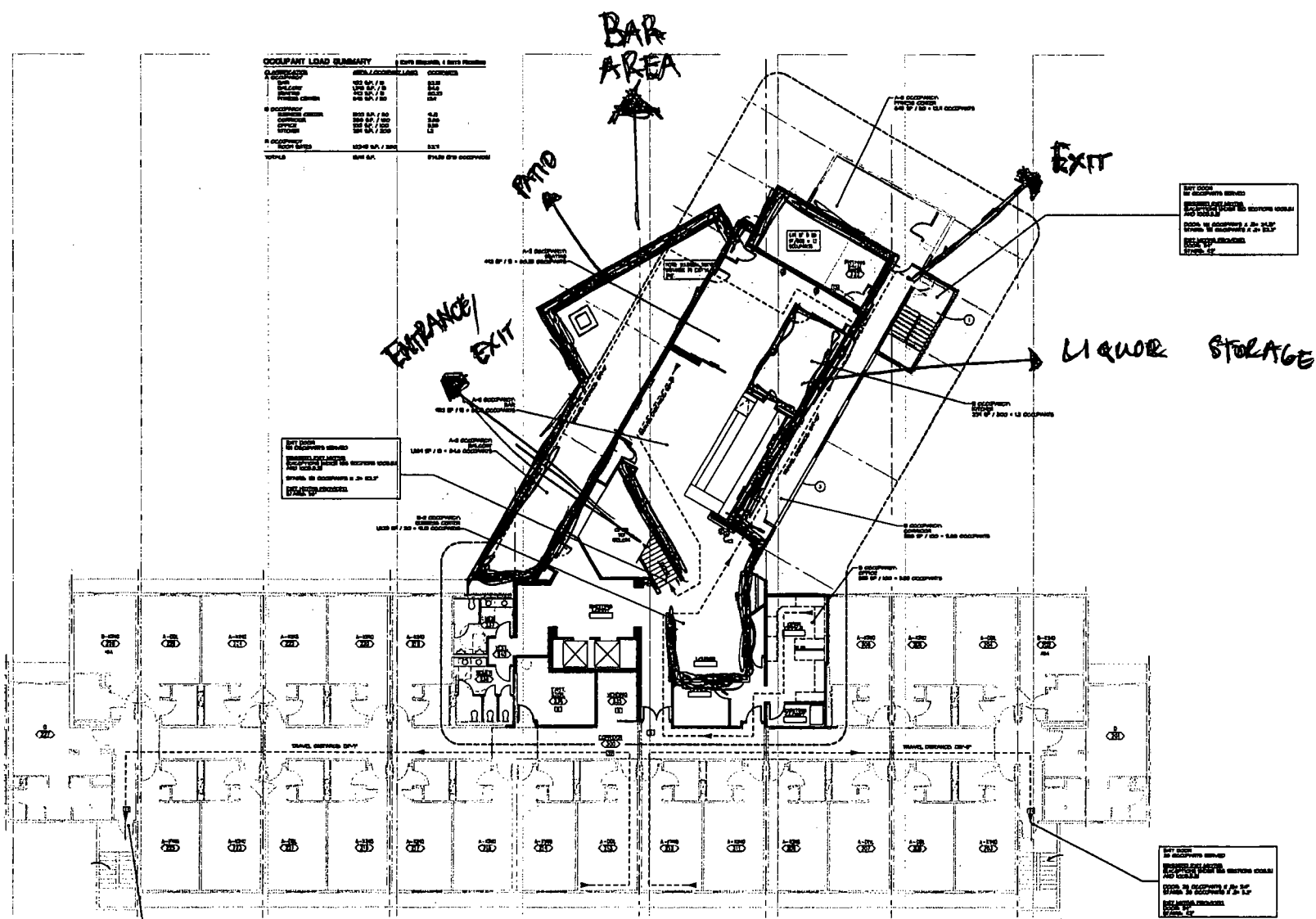
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking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

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

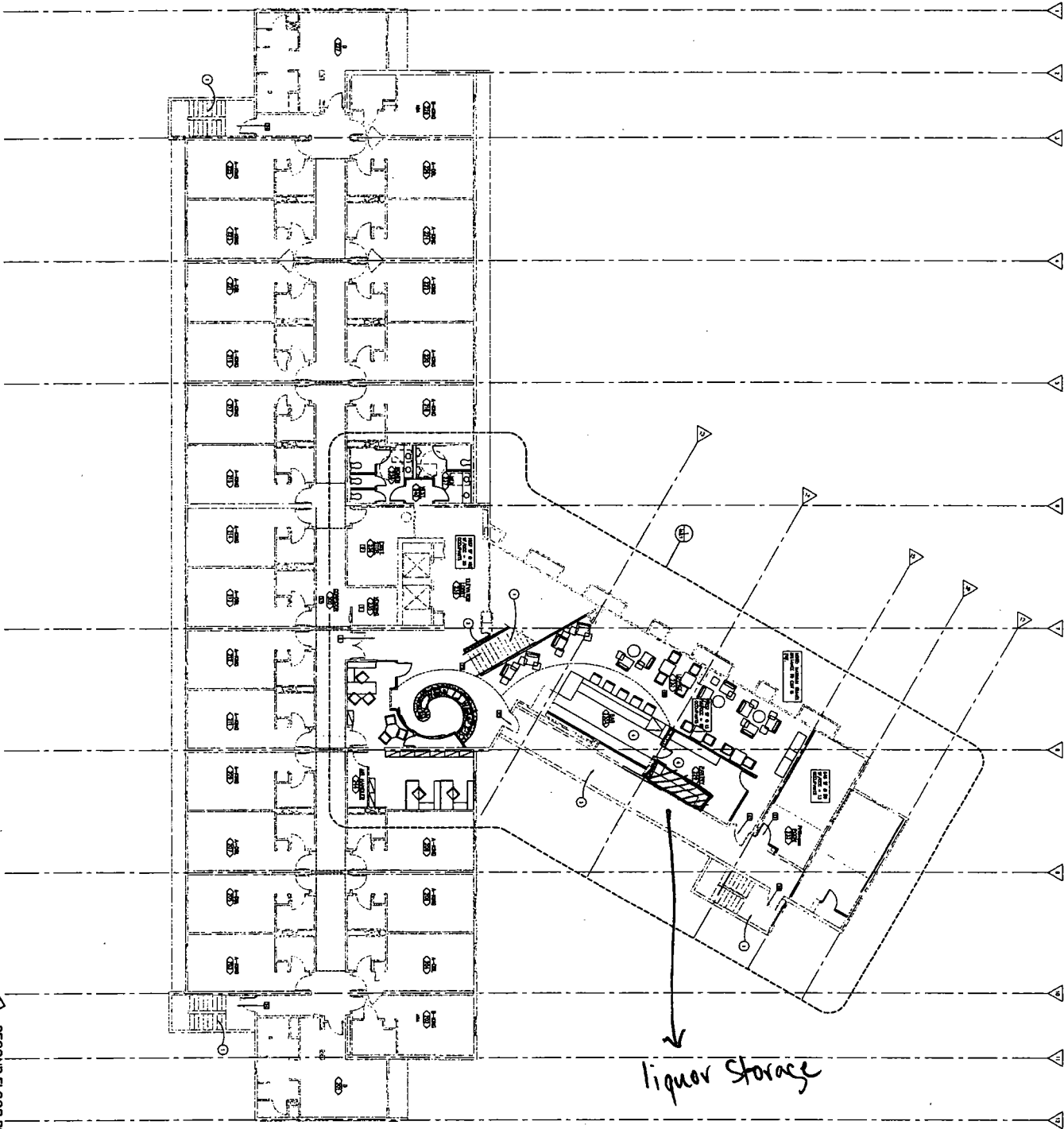
DIAGRAM OF PREMISES


Diagram attached

OCCUPANT LOAD SUMMARY		Code Reference & Basis	
Area	Area (sq. ft.)	Code	Basis
Bar Area	1,200	IBC 101	100 sq. ft. / 100 persons
Entrance/Exit	500	IBC 101	100 sq. ft. / 100 persons
Patio	1,000	IBC 101	100 sq. ft. / 100 persons
Liquor Storage	200	IBC 101	100 sq. ft. / 100 persons
Hotel Rooms	10,000	IBC 101	100 sq. ft. / 100 persons
Corridor	2,000	IBC 101	100 sq. ft. / 100 persons
Stair	500	IBC 101	100 sq. ft. / 100 persons
Restroom	100	IBC 101	100 sq. ft. / 100 persons
Service Area	500	IBC 101	100 sq. ft. / 100 persons
MEP	500	IBC 101	100 sq. ft. / 100 persons
Roof Deck	10,000	IBC 101	100 sq. ft. / 100 persons
Other	500	IBC 101	100 sq. ft. / 100 persons
TOTAL	28,000	IBC 101	280,000



SECOND FLOOR PLAN




SECOND FLOOR PLAN
DATE: 01.10.18

± 1000 square feet of
 licensed premises

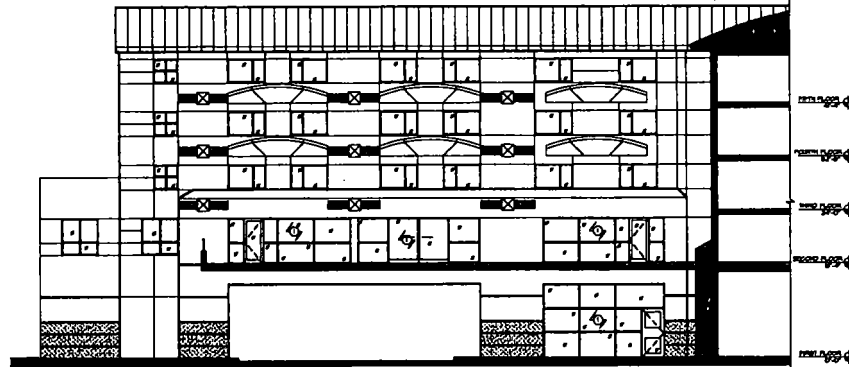
LEGEND NOTES
1. ALL ROOMS ARE TO BE FINISHED TO THE SAME STANDARD AS THE EXISTING HOTEL.
 2. ALL ROOMS ARE TO BE FINISHED TO THE SAME STANDARD AS THE EXISTING HOTEL.
 3. ALL ROOMS ARE TO BE FINISHED TO THE SAME STANDARD AS THE EXISTING HOTEL.



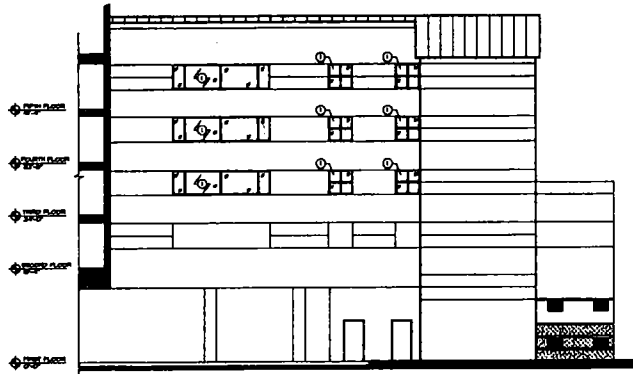
PRELIMINARY
NOT FOR
CONSTRUCTION

ELEVATION KEY NOTES

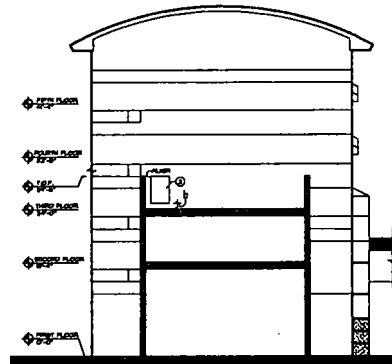
- ① HIGH EXTERIOR WINDOW AND DOOR SYSTEM IS SHOWN OPENING TO MATCH EXTERIOR.
- ② HIGH KEY AT TOP OF ADJACENT PROPERTY IS SHOWN AT TOP ACCESS PANEL.
- ③ HIGH EXTERIOR WINDOW AND DOOR SYSTEM.
- ④ EXTERIOR GRAPHIC PANELS TO REMAIN.



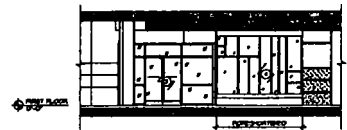
EXTERIOR ELEVATION ①
10' x 10'



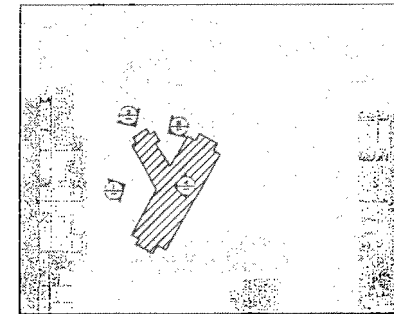
EXTERIOR ELEVATION ③
10' x 10'



EXTERIOR ELEVATION ②
10' x 10'



**FIRST FLOOR ENTRY
EXTERIOR ELEVATION** ④
10' x 10'



SITE PLAN 1/4" = 1'-0"

ALOT HOTEL
4433 South Oak Street, Northbrook, IL
EXTERIOR ELEVATIONS

DATE: 11/18/16
SCALE: 1/8" = 1'-0" (EWS)
DRAWN BY: WT / CR

BUILDING AREA

BASE FLOOR	1,100 SF	1,100 SF
COVERED FLOOR AREA	1,100 SF	1,100 SF
UNCOVERED FLOOR AREA	1,100 SF	1,100 SF
TOTAL	2,200 SF	2,200 SF

SECOND FLOOR	1,100 SF	1,100 SF
COVERED FLOOR AREA	1,100 SF	1,100 SF
UNCOVERED FLOOR AREA	1,100 SF	1,100 SF
TOTAL	2,200 SF	2,200 SF

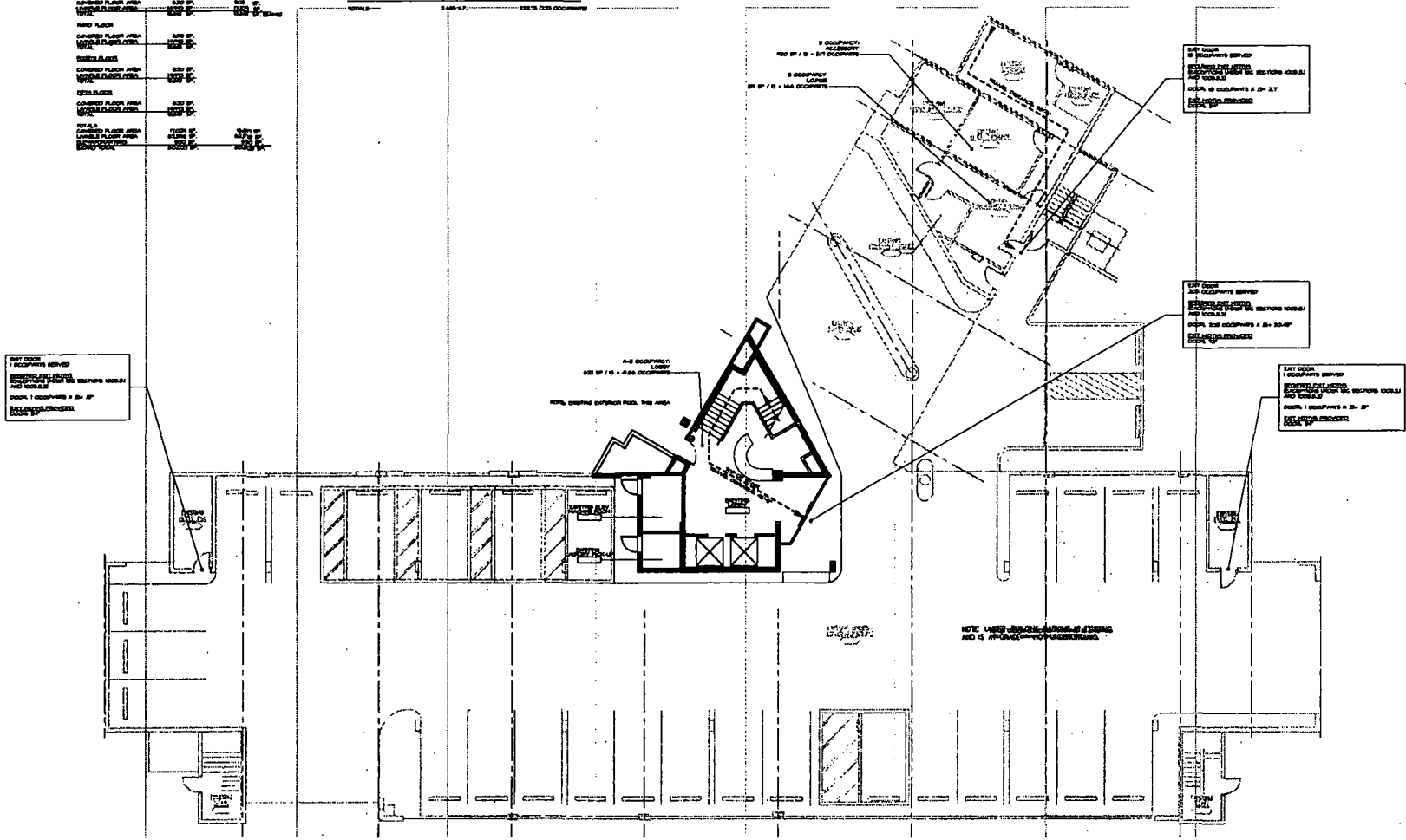
THIRD FLOOR	1,100 SF	1,100 SF
COVERED FLOOR AREA	1,100 SF	1,100 SF
UNCOVERED FLOOR AREA	1,100 SF	1,100 SF
TOTAL	2,200 SF	2,200 SF

FOURTH FLOOR	1,100 SF	1,100 SF
COVERED FLOOR AREA	1,100 SF	1,100 SF
UNCOVERED FLOOR AREA	1,100 SF	1,100 SF
TOTAL	2,200 SF	2,200 SF

OCCUPANT LOAD SUMMARY

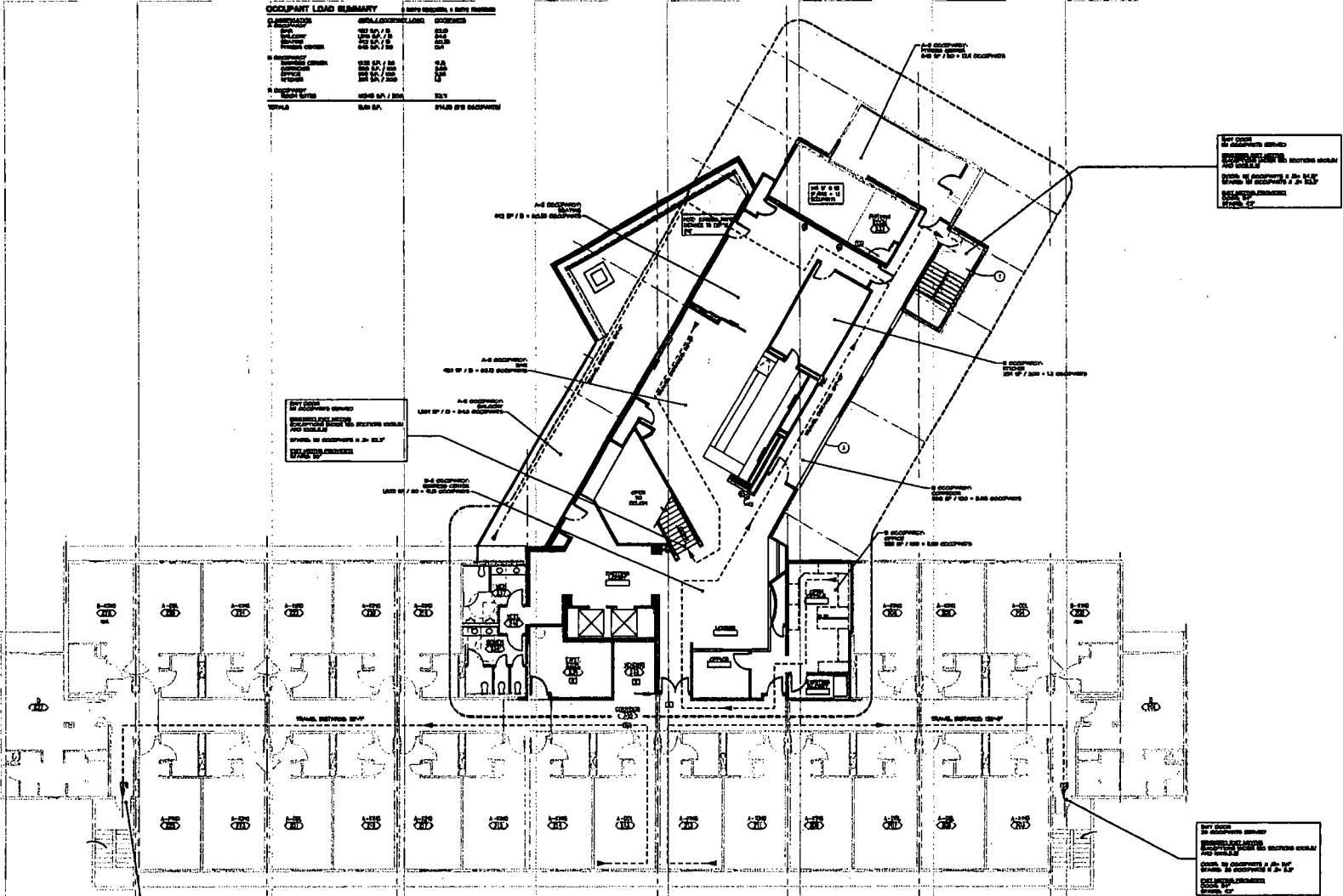
BASE FLOOR	1,100 SF	1,100 SF
COVERED FLOOR AREA	1,100 SF	1,100 SF
UNCOVERED FLOOR AREA	1,100 SF	1,100 SF
TOTAL	2,200 SF	2,200 SF

SECOND FLOOR	1,100 SF	1,100 SF
COVERED FLOOR AREA	1,100 SF	1,100 SF
UNCOVERED FLOOR AREA	1,100 SF	1,100 SF
TOTAL	2,200 SF	2,200 SF



FIRST FLOOR PLAN

OCCUPANT LOAD ELEMENTARY		SLOTTED SEATING & BENCH SEATING	
CONCENTRATION	AREA / OCCUPANT LOAD	OCCUPANT LOAD	
Office	2400 sq ft	1200	
Conference Room	2000 sq ft	1000	
Break Room	1500 sq ft	750	
Reception	1000 sq ft	500	
Stair	1000 sq ft	500	
Corridor	1000 sq ft	500	
Storage	1000 sq ft	500	
Garage	1000 sq ft	500	
Pool	1000 sq ft	500	
Deck	1000 sq ft	500	
Roof	1000 sq ft	500	



SECOND FLOOR PLAN

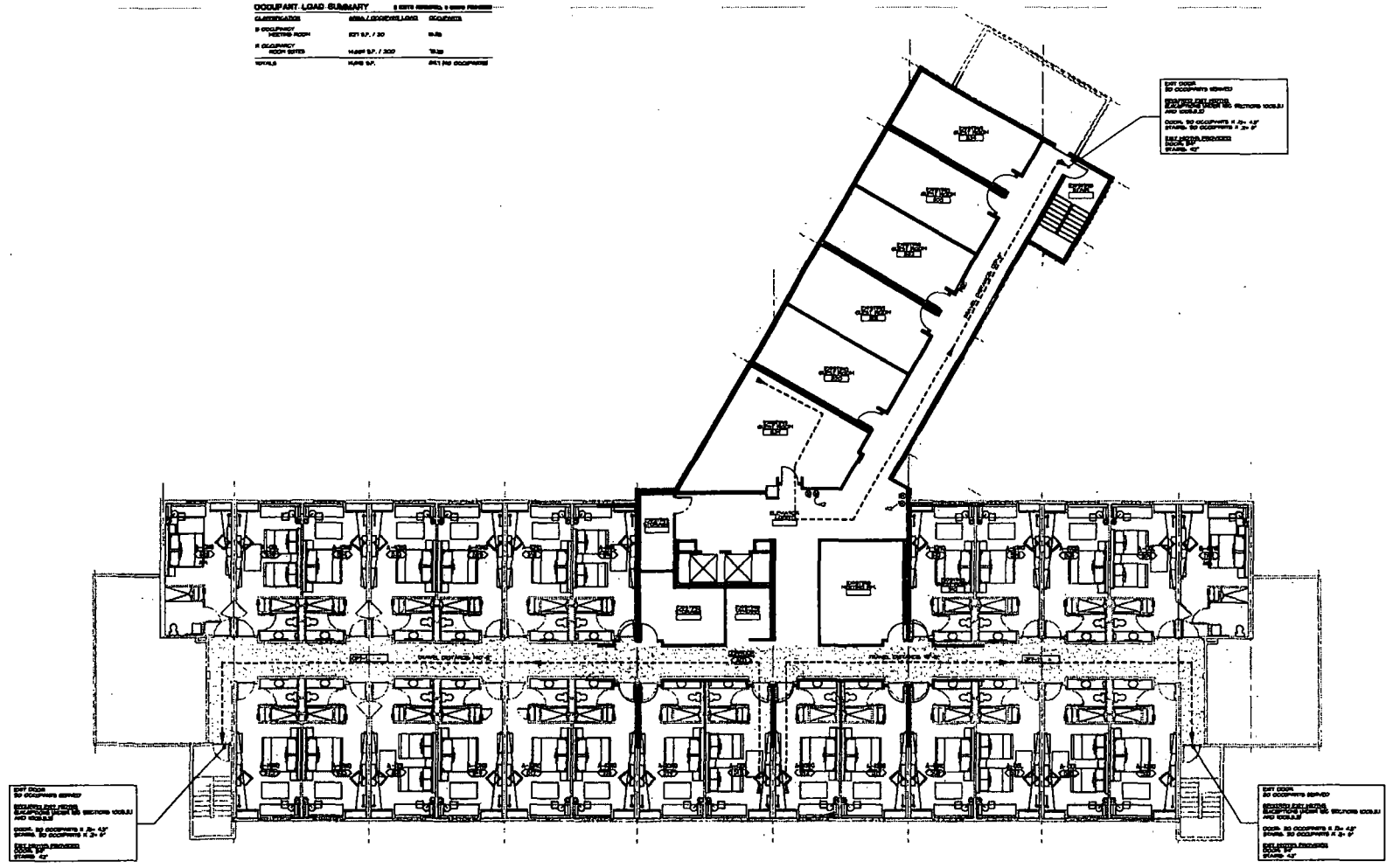
PROJECT:

DATE:

200 No. 1526-08
DATED: 12-6-15 (REV)
REVISED:

DRAWN BY: WT / GH

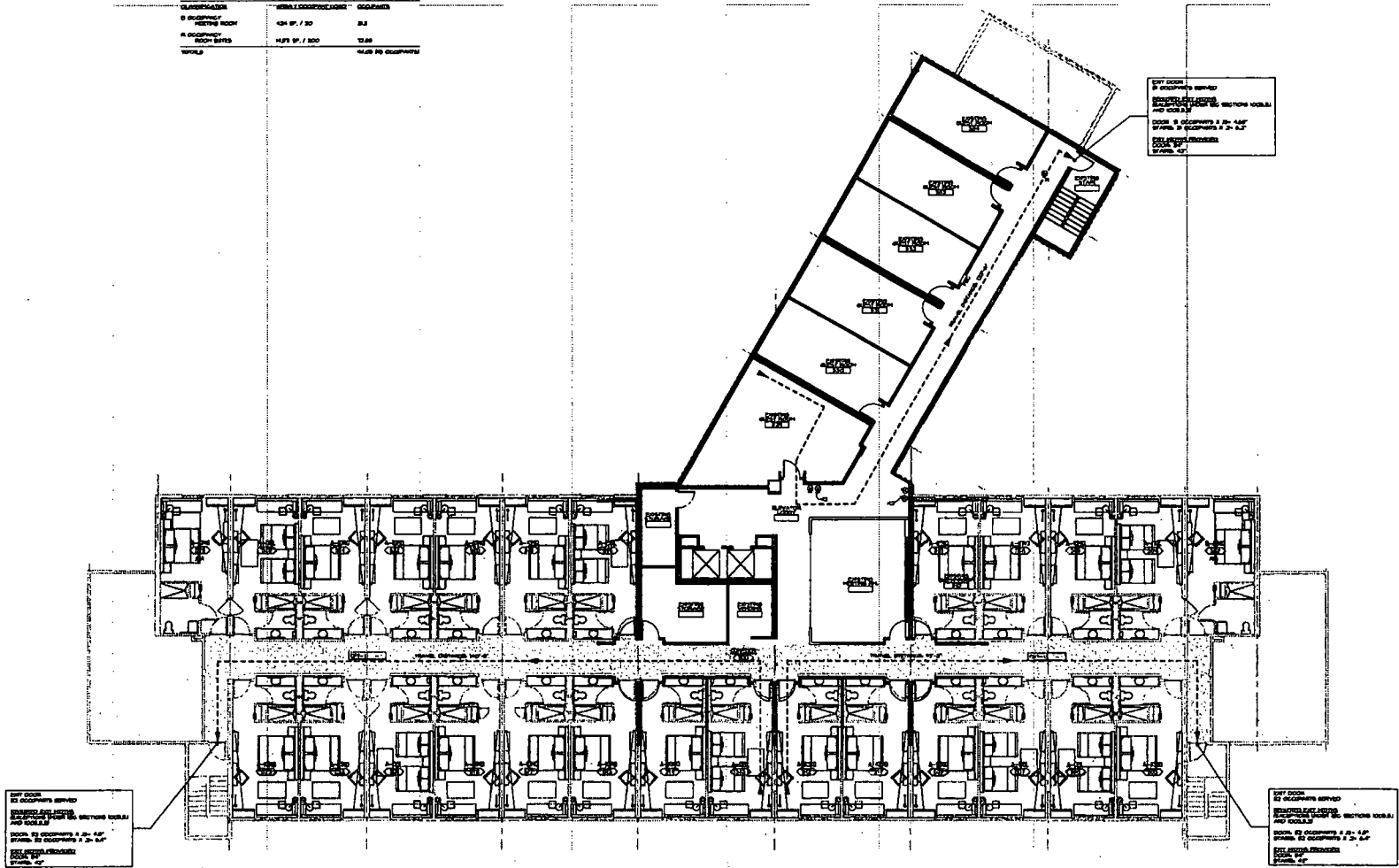
OCCUPANT LOAD SUMMARY			
CLASSIFICATION	AREA / OCCUPANT LOAD	REQUIREMENT	
D OCCUPANCY			
PERCENT AREA	EST. SF. / 20	MAX.	
F OCCUPANCY			
PERCENT AREA	MAX. SF. / 200	MIN.	
TOTAL			ANY NO. OCCUPANTS



THIRD / FOURTH FLOOR PLAN

OCCUPANT LOAD SUMMARY 5 FLOOR EXISTING & NEW PROPOSED

CLASSIFICATION	AREA (SQ. FT.)	SEATING
1. OCCUPANCY: OFFICE	424 SF / 20	2.0
2. OCCUPANCY: OFFICE	424 SF / 20	2.0
3. OCCUPANCY: OFFICE	424 SF / 20	2.0
4. OCCUPANCY: OFFICE	424 SF / 20	2.0
5. OCCUPANCY: OFFICE	424 SF / 20	2.0
6. OCCUPANCY: OFFICE	424 SF / 20	2.0
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14. OCCUPANCY: OFFICE	424 SF / 20	2.0
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16. OCCUPANCY: OFFICE	424 SF / 20	2.0
17. OCCUPANCY: OFFICE	424 SF / 20	2.0
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96. OCCUPANCY: OFFICE	424 SF / 20	2.0
97. OCCUPANCY: OFFICE	424 SF / 20	2.0
98. OCCUPANCY: OFFICE	424 SF / 20	2.0
99. OCCUPANCY: OFFICE	424 SF / 20	2.0
100. OCCUPANCY: OFFICE	424 SF / 20	2.0



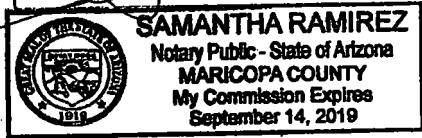
FIFTH FLOOR PLAN 1/8"=1'-0"



SECTION 17 SIGNATURE BLOCK

I, (Print Full Name) Joseph Hubay - Dies, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature) _____
[Handwritten Signature]



State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

18th of November, 2015
Day Month Year

My commission expires on: 9/14/19

[Handwritten Signature]
Signature of NOTARY PUBLIC

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

**Local Governing Body Recommendation
 A.R.S. § 4-201(C)**

1. City or Town of: _____ Liquor License Application #: _____
 (Circle one) (Arizona application #)

2. County of: _____ City/Town/County #: _____

3. If licensed establishment will operate within an "entertainment district" as described in A.R.S. §4-207(D)(2),

_____ (Name of entertainment district) _____ (Date of resolution to create the entertainment district)

A boundary map of entertainment district must be attached.

4. The _____ at a _____ meeting held on the _____ of _____
 (Governing body) (Regular or special) (Day)
 _____ (Month) _____ (Year) considered the application of _____
 (Name of applicant)

for a license to sell spirituous liquor at the premises described in application _____
 (Arizona liquor license application #)

for the license series #: type _____ as provided by A.R.S §4-201.
 (i.e.: series #10: beer & wine store)

ORDER OF APPROVAL/DISAPPROVAL

IT IS THEREFORE ORDERED that the license APPLICATION OF _____
 (Name of applicant)
 to sell spirituous liquor of the class and in the manner designated in the application, is hereby recommended
 for _____
 (Approval, disapproval, or no recommendation)

TRANSMISSION OF ORDER TO STATE

IT IS FURTHER ORDERED that a certified copy of this order be immediately transmitted to the State Department of Liquor, License Division, 800 W Washington, 5th Floor, Phoenix, Arizona.

Dated at _____ on _____, _____, _____
 (Location) (Day) (Month) (Year)

 (Printed name of city, town or county clerk) _____
 (Signature of city, town or county clerk)



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

AFFIDAVIT OF POSTING

Date of Posting: _____ Date of Posting Removal: _____

Applicant's Name: _____
Last First Middle

Business Address: _____
Street City Zip

License #: _____

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

Print Name of City/County Official Title Phone Number

Signature Date Signed

Return this affidavit with your recommendations (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents. If you have any questions please call (602) 542-5141 and ask for the Licensing Division.