# Item 4

# CITY COUNCIL REPORT



Meeting Date: General Plan Element: General Plan Goal: March 29, 2016 Land Use Support a diversity of businesses.

#### ACTION

**Restaurant Liquor License Request for Stetson's Steak & Seafood 18-LL-2016.** 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**

Hope & Grace Consulting, LLC

#### **APPLICANT CONTACT**

Theresa Morse

#### **LOCATION**

7318 E Stetson Dr.

#### BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This has been a licensed location since 1991, most recently operating with liquor as Holy Spirits.

#### **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. The applicant has indicated that this establishment will serve liquor between the hours of 11:00 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.

#### **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.

#### A.R.S. Section 4-205.02 and R19-1-206 Criteria for Restaurant Operations.

This owner intends to operate this location as a restaurant according to the applicant's responses to the State's Restaurant Operation Plan categories: Personnel, Equipment, Menu, Live Entertainment, Bar Games/Televisions, Name of Establishment, Bar Seating Area and Dinnerware. This establishment is 4,000 sq. ft. in size, including an existing 143 sq. ft. patio. The bar service area is 230 sq. ft. or 5% of gross floor area, and the kitchen area is 975 sq. ft. or 15% of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

#### Zoning.

This site is zoned Central Business/District Parking District Downtown Overlay (C-2/P-3 DO). The C-2/P-3 district allows restaurants. The applicant has been notified of the City's expectation that the business will operate as a restaurant as defined by City Code.

#### **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

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

#### **ATTACHMENTS**

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

3/2/2016 Date 3/7/11

Date





# **Liquor License Questionnaire**

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

Please complete all questions and r	return within 3 business days.
Name of Business: STETSON'S STEAK & SEAFOOD	
Business Address: 7318 E STETSON DRIVE SCOTTSDAL	LE AZ 85251
Total Gross Square Footage of Establishment: 3,857	
Was liquor sold at this location prior to this application? If <b>yes</b> , what type of license? Series 12	Yes No
Is this business currently open?	✓ Yes □ No
If <b>yes</b> , 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? Does this business have an existing patio?  Yes	<ul> <li>Yes</li></ul>
Does this business have a proposed patio?	No Dimensions of patio
For Restaurants, Bars and Restaurants/Bars: Will the bar service area be in excess of 15% of the gross f	floor area? Yes* 🖌 No
Gross square footage of bar service area: 230 (includes the floor area under indoor and outdoor bars and the floor food or drinks)	r area behind the bars used for storage, prep and serving of
Will the kitchen be less than 15% of the gross floor area?	□ Yes* 🖌 No
Gross square footage of kitchen: 975	Charles Barris
	ors or areas used for storage of food or beverages)
During what hours will the establishment provide full kitcher	n service? 11am - 3:30am
During what hours will the establishment offer liquor sal	lles? 11AM - 2AM
Will age verification be required/requested for admittance during business operations?	at any time 🗌 Yes* 🖌 No
Is a cover charge required for admittance at any time during	g business operations?
Will less than 40% of gross revenues be derived from the s	sale of prepared food? Yes* 🖌 No
*May require a Conditional U	Use Permit
Please check <b>one</b> of the following that best describes the p packaged retail  restaurant  bar	orimary business operation:
manufacturing hotel / tourist accommodation	residential facility is sports / theater
Planning and Develo 7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85	

Revision Date 19-Sen-14



# **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?
Live Bands?
Amplified music?
Adult Entertainment?
After hours?

	Yes*	$\checkmark$	No
	Yes*	$\overline{\checkmark}$	No
1	Yes*	$\checkmark$	No
]	Yes*	$\mathbf{V}$	No
1	Yes*		No

Karaol	ke?
DJ?	
Game	s?
Four o	r more pool tables?

Yes*	$\checkmark$	No
Yes*	$\checkmark$	No No
Yes*	$\checkmark$	No No
Yes*	1	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 an existing liquor license establishment in Scottsdale and Phoenix. My previous experience was
   in the food industry. I have attended alcohol law training and will ensure that my staff attends the training
   as well.
- 2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:

This establishment is a restaurant and I desire to keep it open after 2 am so customers from surrounding

liquor establishments may come and dine at my restaurant. This will be an asset to the community and will

allow individuals who have been consuming alcohol at other establishments extra time to sober up.

3. Please describe your business:

This restaurant will focus on steak, seafood and other authentic Mexican dishes.

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: THE RESIG LONGE MONSE Signature: Date: 03/01/2016 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

#### Application for Liquor License Type or Print with <u>Black</u> Ink

<b>SECTION 1</b> This application is for a: Interim Permit (Complete Section 5) New License (Complete Section 2, 3, 4 Person Transfer (Complete Section 2, 3, 4 Location Transfer (Bars and Liquor Store (Complete Section 2, 3, 4, 11, 13, 14, 16) Probate/ Will Assignment/ Divorce Dec (Complete Sections 2, 3, 4, 9, 13, 14, 16) (Fee not required) Government (Complete Sections 2, 3, 4)	, 4, 12, 13, 14,16) ss Only) ree	Club (Complete S	plete Section 6) ete Section 6) plete Section 6) pplete Section 7) c (Complete Section 7) ection 8) mplete Section 10) ection 6)	
<u>SECTION 3</u> Type of license 1. Type of License: <u>SERIES 12 - RESTAL</u>		cense #_ <u>1207</u> .	<u>4557</u>	
APPLICATION FEE ANI	D INTERIM PERMIT FE	ES (IF APPLICABLE) ARE all dishonored checks (/		<u></u>
SECTION 4 Applicants 1. Individual Owner/Agent's Name:	MORSE	THERESA	JUNE	P1054525
	Last	First	Middle	Ø1056705
2. Owner Name: HOPE AND GRACE	CONSULTING, LI	LC		\$1056205
		f ownership checked on sectio	n 2)	
3 Business Name: STETSON'S STEAL	K & SEAFOOD			61002867

4.	Business Location	Address: 7318 E STETSON DRIVE S	COTTSDALE	ARIZONA	85251 N	MARICOPA
	(Do not use PO Box)	Street	City	State	Zip Code	county
5.	Mailing Address:_	530 E MCDOWELL RD STE 107-241	PHOENIX	ARIZONA	85004	
		li be mailed to this address) Street	City	State	Zip Code	•

(Exactly as it appears on the exterior of premises)

6. Business Phone: 602-614-3974 \_\_\_\_\_ Daytime Contact Phone: 480-353-8035

7. Email Address: TJMORSE1208@Q.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) \$\_\_\_\_\_

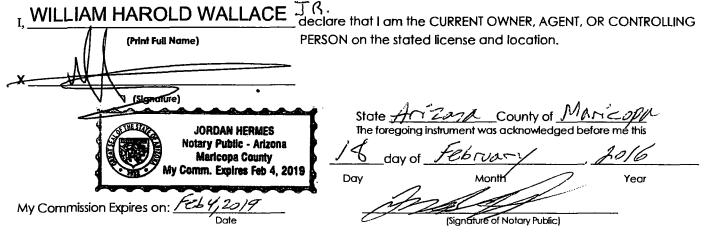
	100.00 Interim Permit	Department Use Or Site Inspection	Finger Prints	\$
Is Arizona Statement of Citi. Accepted by:	zenship & Alien Status fo	or State Benefits complete Date:	² ፟⊠Yes □No 10_License #	1207A557

page 1 of 9 Individuals requiring ADA accommodations please call (602)542-9027

#### **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: <u>1207A202</u>
- 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.



#### 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.

#### <u>Individual</u>

Last	First	Middle	%Owned	Mailing Add	ess	City	State	Zip Code
L								
Is any person	n other than	above, going to share in pre-	ofit/losses of the	business?	🗌 Yes 🔲	No		
15.16		يترجع والمرجع فالمرجع فالمتحال والمتحاص والمتحاص والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع						

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 #
ſ	_						
	_		· · · · · · · · · · · · · · · · · · ·				

#### <u>Partnership</u>

#### Name of Partnership: \_\_

General-Umite	d Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

#### 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
			l			

# State of Arizona Department of Liquor Licenses and Control Alcoholic beverage license License 1207A202

### Issue Date: 5/8/2015

Issued To:

WILLIAM HAROLD WALLACE, JR., Agent HOLY SPIRITS LLC, Owner

Location: HOLY SPIRITS 7318 E STETSON DRIVE SCOTTSDALE, AZ 85251 Expiration Date: 3/31/2016

Mailing Address:

WILLIAM HAROLD WALLACE, JR. HOLY SPIRITS LLC HOLY SPIRITS 7318 E STETSON DR SCOTTSDALE, AZ 85251

#### SECTION 6 - continued

#### <u>trust</u>

Name of Trust:

Last	First	Middle	Mailing Address	City	State	Zip Code

#### <u>TRIBE</u>

#### 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

1. Name of Corporation/L.L.C: HOPE AND GRACE CONSULTING, LLC

2. Date Incorporated/Organized: 11/02/2011 \_\_\_\_\_State where Incorporated/Organized: ARIZONA

3. AZ Corporation or AZ L.L.C File No: L17176894 Date authorized to do Business in AZ: 12/28/2011

4. Is Corp/L.L.C. Non Profit? Yes Vo

5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
CORNE	LIUS BRENT	JOHN	MANAGER	530 E MCDOWELL	RD STE 107-241	PHOENIX	AZ 85004
		· · · · · · · · · · · · · · · · · · ·					
		· · ·		······································			
						<u> </u>	

(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
CORNELIUS	BRENT	JOHN	 100%	530 E MCDOWELL	RD STE 107-241	PHOENIX	AZ 85004
			 			, ,	

(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
					_	
·····			<u> </u>			
					<b>,</b> <u></u> .	

(Attach additional sheet if necessary)

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

1. Current Licensee's Name:	·	т. 			
(Exactly as it appear on the license)	Last	First	Middle		
2. Assignee's Name:					
•	Last	First	Middle		
3. License Type:		License N	Number:		
ATTACH TO THIS APPLICATION A CER THAT SPECIFICALLY DISTRIBUTES THE L	IQUOR LICENSE 1	O THE ASSIGNEE.		NT, OR DIVORCE DECREE	
SECTION 10 Government (for cit					• <u> </u>
1. Governmern ching		·····			
2. Person/Designee:	irst	Last	Middle	Day time Contact Phone #	
A SEPARATE LICENSE MU	IST BE OBTAINE	DFOR EACH PREMISE		TUOUS LIQUOR IS SERVED.	
SECTION 11 Location to Location	Transfer: Serie				
1. Current Business:	Name:				
ļ	Address:				
			pears on license)		
2. New Business:	Name:	·	,,,,,,		
ļ	Address:				_

3. License Type: \_\_\_\_\_\_License Number: \_\_\_\_\_\_

#### <u>SECTION 12</u> Person to Person Transfer

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

<ol> <li>Individual Owner / Agent Name:</li> </ol>				Entity:		
· · · · · · · · · · · · · · · · · · ·	Last	First	Middle	(Individual, Agent, Etc)		
2. Ownership Name:						
	(Exactly as It a	opears on license)				
2 Rusiness Name						
3. Business Name:	(Exactly as it a	opears on license)				
4. Business Location Address:s	itreet	City	State	Zip		
5. License Type:	License Numbei	r:	<u> </u>			
6. Current Mailing Address:						
<u> </u>	treet	City	State	Zip		
7. Have all creditors, lien holders, intere	st holders etc. beer					
				<b>-</b> .		
8. Does the applicant intend to operate	e the business while t	his application is pe	ending? [_]Yes [	_] No		
If yes, complete Section 5 (Interim Perm	nit) of this application	n; attach fee, and a	current license to th	nis application.		
9. l, (Print Full Name)	here	eby authorize the de	epartment to proce	ess this Application to		
transfer the privilege of the license to the	ne applicant provide	ed that all terms an	d conditions of sale	e are met. Based on		
the fulfillment of these conditions, I cert	ify that the applicar	nt now owns or will	own the property ri	ights of the license by		
the date of issue.						
l, (Print Full Name)	, decl	are that I am the <b>Cl</b>	JRRENT OWNER, ME	MBER, 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)						
<u> </u>						
	NOI	ARY				
State ofCounty of						
State ,	County	•				
<b>T T C C C C C C C C C C</b>	Le al constitue d	11.1f				
The foregoing instrument was acknow	ledged before me	this day of _ Day	Month,	Year		
		<i>L</i> uy	monin			
My commission expires on						
Day/ Month/	Year Si	gnature of NOTARY PU	BLIC			
• • • •		-				

#### **SECTION 13** Proximity to Church or School

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

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 school building. The above paragraph DOES NOT apply to:

a) Restaurant license (§ 4-205.02)	c) Government license (§ 4-205.03)				
b) Hotel/motel license (§ 4-205.01)	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 Comp	bany		
2. If the premise is leased give lessors:		ANIE HOFFMAN			
	Address: 4446 E	CAMELBACK RD	#102 PHO	ENIX AZ 8	5018
3. Monthly Rent/ Lease Rate: \$ 8,400	-	street	City	State	Zip
4. What is the remaining length of the lease?	yrs	months			
5. What is the penalty if the lease is not fulfilled	² <u>\$ </u> 55K	or other:			
	(Give deta	ls-attach additional sheet if	necessary)		
6. Total money borrowed for the Business not in	ncluding lease? \$	ZERO		<u>-</u>	
Please List Lenders/People you owe money to	for business.				
Last First Middle	Amount Owed	Mailing Address	City	State	Ζір
		····			
(Attach a	dditional sheet if neces	isary)			
7. What type of business will this license be use RESTAURANT	d for (be specific	;)?			
<ul> <li>8. Has a license or a transfer license for the pre year? Yes Y No If yes, attach explanation.</li> <li>9. Does any spirituous liquor manufacture, whole 10. Is the premises currently license with a liquor</li> </ul>	esaler, or employe	e have an interest in	·	_	

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

License #: 1207A202 Individual Owner /Agent Name: WILLIAM HAROLD WALLACE JR (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? [7]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 <u>Restaurant Hotel/Motel Records Required for Audit form</u> 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:  $\checkmark$ Contiguous Walk-up windows Drive-through windows Non Contiguous 1. Is your licensed premises currently closed due to construction, renovation or redesign? 🗸 Yes 🗌 No MARCH 4, 2016 If yes, what is your estimated completion date? Month/Day/Year 2. **<u>Restaurants and Hotel/Motel</u>** 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.

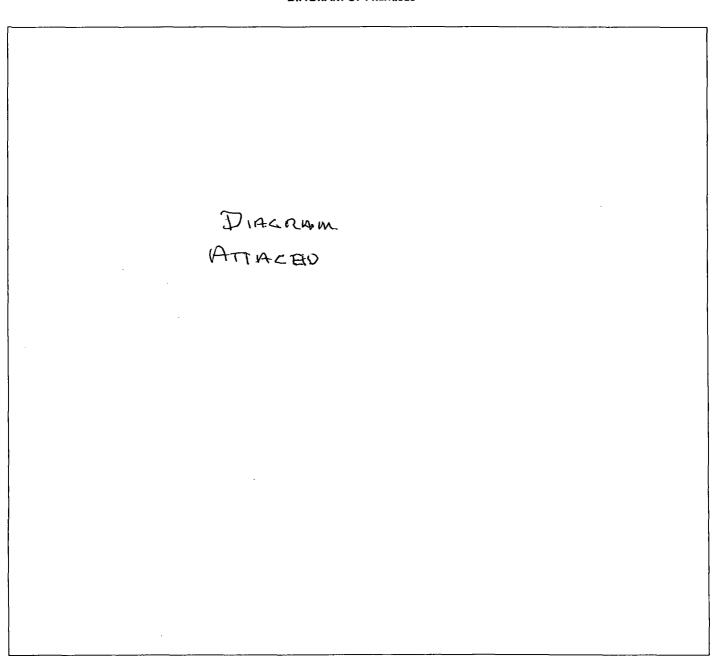
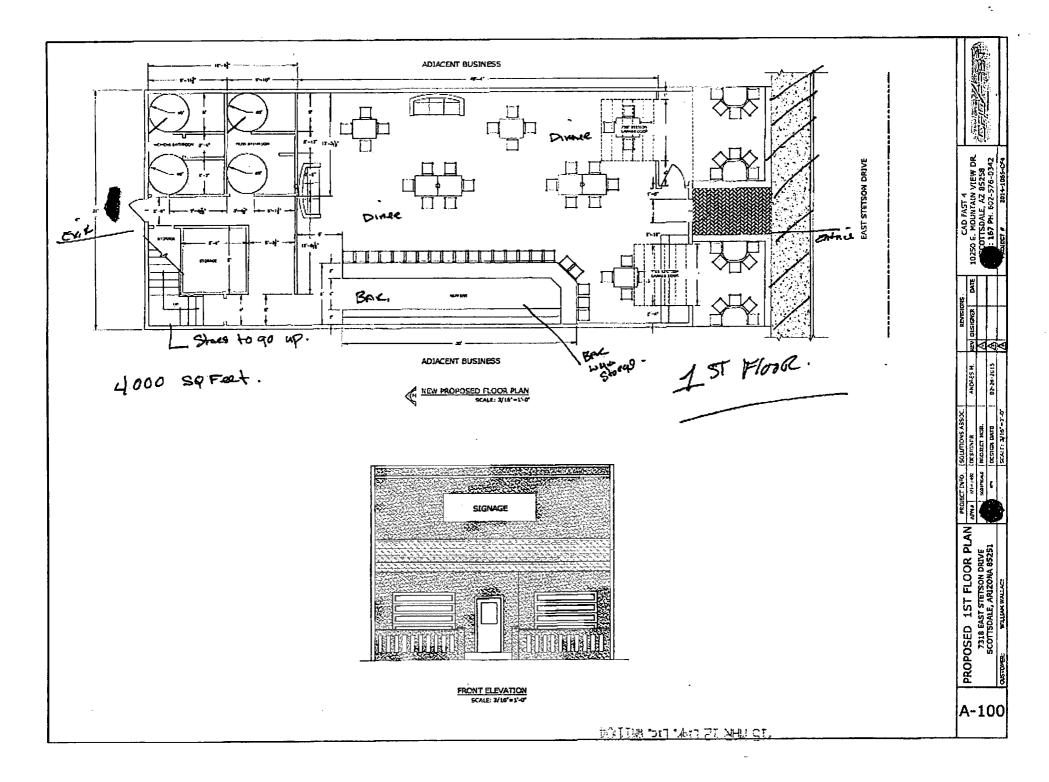
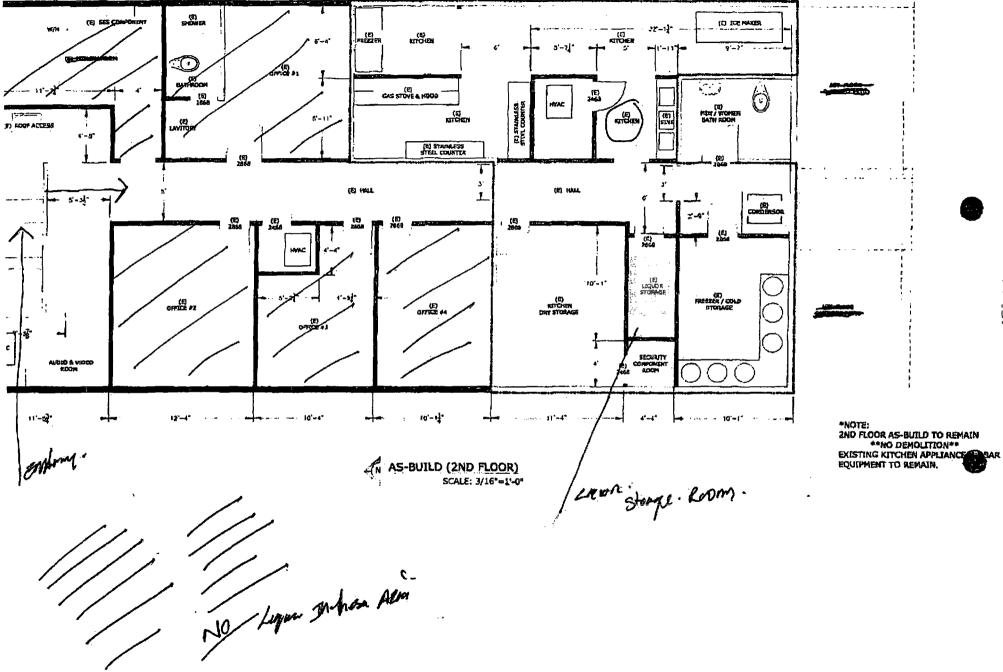


DIAGRAM OF PREMISES





.

FORTING THE THE MATTER BUILDE

#### SECTION 17 SIGNATURE BLOCK

I, (Print Full Name) THERESA JUNE MORSE \_\_\_\_\_, 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.

State of MARICOM The foregoing instrument was acknowledged before me this of FERRIARY ZOIL Month Year OFFICIAL NE My commission expires on ROBERT JOK Signature of NOTARY PUBLIC NOTARY PUBLIC - State of Arizone MARICOPA COUNTY My Comm. Expires June 1, 2017

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

8. 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.

## .16 FEB 22 Ligr. Lic. PM 1 32

#### FRENCH FRY BASKET 3

Luck Dodes

BEER BATTERED SHRIMP BASKET Served with fries and shuce 5 MAC AND CHEESE Three strongs friend, herbs, and uncediturities 6 Add Bacon, Serminal Selmon 2 SLIDER TRIO: Thild then self and sent can an establishing and provolution choose 7 CLASSIC CHICKEN FINGERS server with these and there are installe to react 5 WINGS should be been subject and as the source of barbache red back buffalo, or sweet child buffar Server 7

Connellection All conductives served with choice of these entitled groons SALMON BLT\* Childred services to those and tonicity hered an album 9 SHRIMP PO BOY

CLASSIC BURGER\* Cround been under with checkour tesses with a termanol and many 8 Add Bacan Commenced Unions, or Extra Checker, 50 mm CHICKEN BLT: Subject the terman court checker had on termitor laitures served on a pur. 9

Julliulis Add childer Childer Shump Saturch & Beer 3.

KALE SALAD Second and the second process source with many agricultural grades 7 WEDGE SALAD FRESH MOZZARELLA AND BEETS BASIC GARDEN SALAD Second second served with our house vehicities 8 SPICY THAI BEEF SALAD. Second and consist source treatment terration mixed greets and house space 10.

#### Degetables

POTATOES The second and second and second allows 5 HUMMUS BROCCOU FRIED ARTICHOKES ROASTED CAULIFLOWER

# CHEESE BOARD

BEEF SKEWERS\* CHAR GRILLED BEEF TENDERLOIN\* CRISPY PORK DUMPLINGS CHICKEN SKEWERS

#### Deapool

SALMON\* 8 GARLIC SHRIMP STEAMED MUSSELS\* control of success and second s

CHEF'S CHOICE 6