Item 19

CITY COUNCIL REPORT



Meeting Date: General Plan Element: General Plan Goal:

August 19, 2013 Land Use Sustain Scottsdale as a tourist destination.

ACTION

Beer and Wine Bar Liquor License Request for Eldorado Scottsdale 65-LL-2013. To consider forwarding a recommendation to the Arizona Department of Liquor Licenses and Control for a Person and Location Transfer of a Series 7 (beer and wine bar) State liquor license for a new location and new owner.

OWNER

Eldorado Investments, LLC

APPLICANT CONTACT

Franco Calabrese

LOCATION

6825 East 4th Street

BACKGROUND

This request is for a Person and Location Transfer of a Series 7 (beer and wine bar) liquor license for a boutique hotel to have the ability to provide beer or wine to hotel guests.

There is not a school or church within 300 feet. The distance to the nearest school, Ville Marie Academy, is 2,150 feet. The distance to the nearest religious facility, Salem Lutheran church, is 1,200 feet.

See Attachment #3 for number and graphic representation of licenses within a one half-mile radius of this location.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Person and Location Transfer of a Series 7 liquor license. This allows a beer and wine bar retailer to sell and serve beer and wine, primarily by individual portions, to be consumed on the premises and in the original container for consumption on or off the premises.

The applicant has indicated that this establishment will serve liquor between the hours of 9:00 a.m. to 2:00 a.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

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

OTHER LICENSES & PERMITS

Financial Management

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

Spirituous Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

IMPACT ANALYSIS

Current Planning Department

Development Information.

This hotel is 28,000 sq. ft. in size, including an existing 9,600 sq. ft. patio/pool area.

Zoning.

This site is zoned Multiple Family-Residential, Downtown Overlay (R-5 DO). The R-5 DO district allows hotels as a conditional use. A conditional use permit for this hotel was approved under case 16-UP-2012.

Parking.

A total of 31 spaces are required for this use and 31 spaces are provided. Parking is in compliance with the zoning ordinance.

Public Safety Division

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

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

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

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

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

A.R.S. Section 4-112.B.1; R19-1-102 Criteria for Granting a License for a Certain Location

The local governing authorities and the Department of Liquor Licenses & Control may consider the following criteria in determining whether public convenience requires and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

- 1. Petitions and testimony from persons who are in favor of or opposed to the issuance of a license, and who reside in, own or lease property in close proximity.
- 2. The number and series of licenses in close proximity.
- 3. Evidence that all necessary licenses and permits have been obtained from the state and all other governing bodies.
- 4. The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
- 5. Residential and commercial population density in close proximity.
- 6. Evidence concerning the nature of the proposed business, its potential market, and its likely customers.
- 7. Effect on vehicular traffic in close proximity.
- 8. The compatibility of the proposed business with other activity in close proximity.
- 9. The effect or impact of the proposed premises on business or the residential neighborhood whose activities might be affected by granting the license.
- 10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the Board.
- 11. Comparison of the hours of operation of the proposed premises to the existing businesses in close proximity.
- 12. Proximity to licensed childcare facilities as defined by A.R.S. 36-881.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

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

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining that the community's best interest is substantially served by the issuance of the liquor license and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

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

RESPONSIBLE DEPARTMENT(S)

Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov Planning, Neighborhood and Transportation Division

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

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

APPROVED BY

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

Randy Grant, PNT Administrator 312-2664, rgrant@scottsdaleaz.gov

2/23/2013

ATTACHMENTS

- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: Graphic – Liquor License Locations Within Half-Mile
- #4: City of Scottsdale Applicant Questionnaire
- #5: State Application



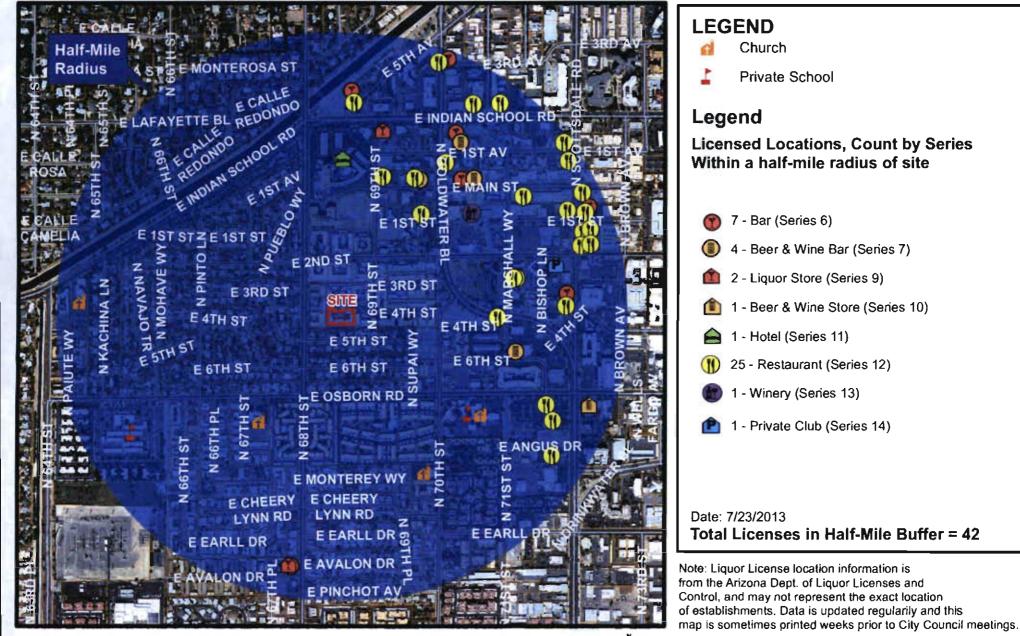
El Dorado Scottsdale

ATTACHMENT #1

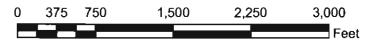


ATTACHMENT #2

Liquor Licenses Within A Half-Mile Radius of 6325 E 4th St.



65-LL-2013 Attachment #3





Liquor License Questionnaire

404112BHD-
Please complete all questions and return within 3 business days.
Name of Business: ELDORADO INVESTMENTS LLP (ELDORADO SCOTTEDALE)
Business Address: 6825 E. 4th STREET, Scotts DAVE N2 85251
Type of Business (restaurant, bar, grocery, retail)
Total Gross Square Footage of Establishment: 28,000 SF
Was there a previous business at this location? If yes INO If yes, list the previous business: HOTEL/VACATION PENTAL
Was liquor sold at this location prior to this application? Tyes MNo
If yes, what type of license?
Is this business currently open?
If yes, is this business operating with an Yes Yes No Interim license?
If no, what is the proposed opening date? HOTEL IS OPEN, LIQUOR SALES IF APPROVIND, WILL COMMENCE IN SEPTEMBER.
Is this business under construction or being remodeled? Yes Yo
Does this business have an existing patio?
Does this business have a proposed patio? Yes Yo Dimensions of patio
How many parking spaces are allocated to your business? <u>33</u>
For Restaurants, Bars and Restaurants/Bars: Will the bar service area be in excess of 15% of the gross floor area?
Will the kitchen be less than 15% of the gross floor area?
Will age verification be required/requested for admittance at any time
Is a cover charge required for admittance at any time during business operations?
Will less than 40% of gross revenues be derived from the sale of prepared food?
*May require a Conditional Use Permit
During what hours will the establishment provide full kitchen service? <u>NEVER</u>
During what hours will the establishment offer liquor sales? $9 \text{ Am} - 2 \text{ Am}$
Gross square footage of kitchen: NO KITCHEN
(do not include refrigerators or areas used for storage of food or beverages)
Gross square footage of bar service area: 100 SF (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)
Planning, Neighborhood and Transportation Division

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



Liquor License Questionnaire

Please complete all guestions 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* Yes* Yes* Yes* Yes*	No No No No
Yes*	V No

Karaoke?	
DJ?*	
Games?	
Four or more p	bool tables?

Karaoke? DJ?	☐ Yes* ☑No ☑ Yes* ☑No
Games?	☐ Yes* ☑No
Four or more pool tables?	Yes* 🗹 No
NO AMPLIFICATION	FOR D.J.

*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:
- 2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:
- 3. Please describe your business:

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 junsdiction 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: FRANCO CALABRERE Signature: Date: 6 - 4 - 13 Submit

Planning, Neighborhood and Transportation Division

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

El Dorado Scottsdale

Liquor License Questionnaire

Applicant Narrative:

ARS 4-201-G:

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

Applicant is an experienced business owner managing residential and hotel properties with combined base of over 500 tenants. Owning and operating these types of properties requires a significant amount of responsibility and care for the welfare of residents and guests residing at the properties. Not only does applicant provide a safe home or temporary stay for guests but also has duties to the neighbors surrounding these properties and the City to maintain a high level of safety, good business operations and quality real estate. Applicant is committed to the responsible sale of alcoholic beverages under Arizona liquor laws. Managers and staff have been, or will be, trained in the techniques of alcohol sales to assure proper service to their guests.

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

Applicant would like the ability to offer alcoholic beverages to its patrons over the age of 21 if they request it. Operating a property that services vacationers and corporate business travelers without liquor service is a perceived weakness and prevents a more successful business. The ability to serve beer and wine will significantly better the hotel's product and service as there is current demand from guests at the property for this service. This will also help limit guests from purchasing liquor off property and attempt to bring it to the property during their stay.

3. Please describe your business:

Boutique hotel property offering a combination of short term and long term stays desiring to offer an additional amenity to its guests.

Arizona Department of Liquor Licenses and Control		
800 West Washington, 5th Floor		
Phoenix, Arizona 85007 www.azliquor.gov		
602-542-5141 bi		
002-542-5141		
APPLICATION FOR LIQUOR LICENSE		
TYPE OR PRINT WITH BLACK INK 65-U-2013		
602-542-5141 APPLICATION FOR LIQUOR LICENSE TYPE OR PRINT WITH BLACK INK Index colspan="2">Index colspan="2">Index colspan="2">Index colspan="2">Index colspan="2">Index colspan="2">Index colspan="2" Index colspan="2" <td <="" colspan="2" t<="" td=""></td>		
The Liquor Licensing requirements.		
SECTION 1 This application is for a: <u>SECTION 2</u> Type of ownership:		
INTERIM PERMIT Complete Section 5		
NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16		
PERSON TRANSFER (Bars & Liquor Stores ONLY): PARTNERSHIP Complete Section 6		
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 GOVERNMENT Complete Section 10		
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)		
GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16		
SECTION 3 Type of license and fees LICENSE #(s): 07070420		
Type of License(s): REE2 AND LUNDE R.O. HI		
2. Total fees attached: \$		
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: MAS CALABRESE FRANCO GIMNNI		
. Owner/Agent's Name; Image: Control web to appear on license) Last First Middle		
. Corp./Partnership/L.L.C.: ELPORADO INVESTMENTS LLP		
(Exactly as it appears on Articles of Inc. or Articles of Org.)		
B. Business Name: ELDORADO SCOTTJDALE		
(Exactly as it appears on the exterior of premises)		
1. Principal Street Location 6825 E. 4th STREET SCOTTSDALE MARICOPA 8525		
(Do not use PO Box Number) City County Zip		
5. Business Phone: 480-946-3021 Daytime Phone: 480-861-2964 Email: FRANCO @ ELDORADO		
S is the business located within the incorporated limits of the above city or town? \overline{M} YES \Box NO		
Mailing Address: <u>7742</u> E. MINNEZONA AVE. SCOTTSDAVE, NZ 85251		
City State Zip		
3. Price paid for license only bar, beer and wine, or liquor store: Type\$Type\$		
DEPARTMENT USE ONLY		
$(\mathcal{Y}(\mathcal{X}))$		
Fees 200 - Barrie - Statement - Statement - Statement - Statement		
Application Interim Permit Site Inspection Finger Prints \$		
Application Interim Permit Site Inspection Finger Prints TOTAL OF ALL FEES		
Application Interim Permit Site Inspection Finger Prints \$		
Application Interim Permit Site Inspection Finger Prints TOTAL OF ALL FEES		

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.			. 4
4. Is the license currently in use? I YES I NO If no,	how long has it been out of	f use?	13
			JUL
ATTACH THE LICENSE CURRENTLY ISSUED AT THE LO	CATION TO THIS APPLIC	ATION.	16
I,, declare that I am the CUR (Print full name)	RENT OWNER, AGENT, (CLUB MEMBER, I	-
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title	e which applies) of the sta	ted license and loc	
	State of	County of	
X(Signature)	The foregoing instrum	nent was acknowle	dged before me this
My commission expires on:	day of Day	Month	Year
	(Signatur)

SECTION 6 Individual or Partnership Owners:

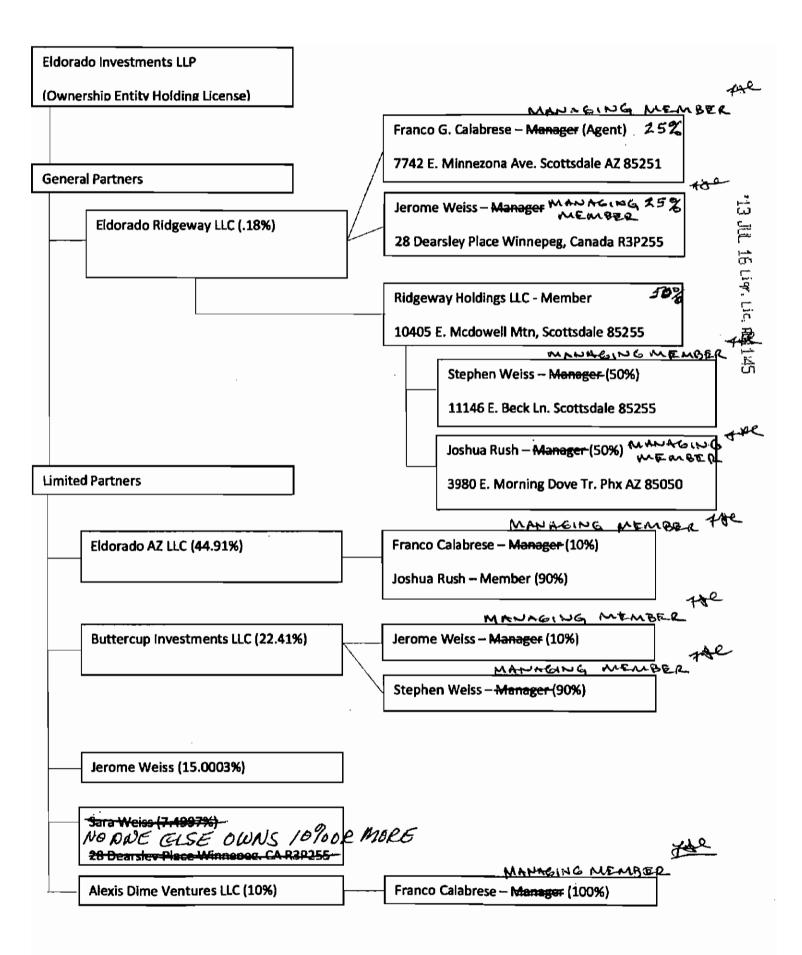
EACH PERSON LISTED MUST SUBNIT & COMPLETED QUESTIONNAIRE (FORM LICO101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Lasi	-	First	Middle	% Owned	Mailing Address	City State Zip
	<u></u>		··· ····	E.L	DORADO INVES	STMENTS, LLP
Partner	ship Name: (Only	the first part	ner listed will	appear on license	PRANCO G	STMENTS, LLP . CACABOESE
General-		First	Middle	% Owned	Mailing Address	City State Zip
¥⊓	SEE ATT	ACHED				
□ष						

- YRASSECE
- 2. Is any person, other than the above, going to share in the profits/losses of the business? 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#
· ·					
			<u>_</u>		
		•			



	SECTION 7	Corporation/Limited Liability	Co.:
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CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.

L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1.	1. Name of Corporation/L.L.C.:	
	······	(Exactly as it appears on Articles of Incorporation or Articles of Organization)
~	Data la sema attad/Orana inad	

Ζ.	Date incorporated/Organized:	 State where incorporated/Organized:	
		• –	

3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____

4. AZ L.L.C. File No: ______ Date authorized to do business in AZ: ______

5. Is Corp./L.L.C. Non-profit? TYES NO

6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Malling Address	City State Zip
	-				

(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
_					

(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 LICO101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1.	Name	of	Club:	
----	------	----	-------	--

(Exact)	v as il	appears	on Club	Charter	or Bylaws)
(,			0.00	

_

_ Date Chartered: ______ (Attach a copy of Club Charter or Bylaws)

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip
		-			

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

 Current Licensee's Narr Exactly as it appears on license) 	ne:Last	First		Niddle
2. Assignee's Name:	last	First		v iddle`
3. License Type:		First	-	
ATTACH TO THIS APPLIC	ATION A CERTIFIED COPY OF TH ALLY DISTRIBUTES THE LIQUOR	E WILL, PROBATE DIS	TRIBUTION INSTRUM	IENT, OR DIVORCE
	ent: (for cities, towns, or cou	nties only)		
. Governmental Entity:				
2. Person/designee:	Last	First Mide	die Co	ontact Phone Number
A SEPARATE LICENS	E MUST BE OBTAINED FOR E	ACH PREMISES FRO	M WHICH SPIRITUO	US LIQUOR IS SERVED.
SECTION 11 Person to	p Person Transfer:			
Questions to be complete	d by CURRENT LICENSEE (B	ars and Liquor Store	s ONLY-Series 06,0	7, and 09).
I. Current Licensee's Name	e: <u>Carey</u> Kii	RSTIN	ANNE Entity:	AGENT
(Exactly as it appears on license		First	Middle	(Indiv., Agent, etc.) ن
2. Corporation/L.L.C. Name				
	(Exactly as it appears on license	"		5
3. Current Business Name:	EXACTLY AS IT APPEARS ON LICENSE	 2)		<u> </u>
	of Business: Street 7147 E RAN			16 แจ. เม่
. Physical Street Location				
	City, State, Zip SCOTTSDA			<u>第</u> 11 45
 License Type: <u>#7 BEER &</u> 	WINE License Num	ber: 07070420		گ
 If more than one license 	to be transfered: License Type	: N/A	License Number:	N/A
7. Current Mailing Address:	Street 536 E WAG	ON BLUFF DR		
(Other than business)				
	City, State, Zip TUCSON, A	~~~~		
3. Have all creditors, lien h	olders, interest holders, etc. bee	en notified of this trans	sfer? 🛛 YES 🗖 N	0
	d to operate the business while ach fee, and current license to		nding? 🖾 YES 🖾 N	O If yes, complete Section
10. I, KIRSTIN ANNE CAREY	, H	ereby authorize the d	epartment to proces	s this application to transfer the
(print full name)				
	to the applicant, provided that a the applicant now owns or will the applicant now owns owns or will the applicant now owns owns or will the applicant now owns or will the applicant no owns owns owns owns owns owns owns o			
			-	GENT, MEMBER, PARTNER
(print full name	9)			
stockholdzer) or LIC true, correct, and comp	CENSEE of the stated license.	I have read the above	Section 11 and cont	firm that all statements are
J.		Chain	+ HPZMA	Course Marcha
(Sitenature of	CURRENT LICENSEZ	State The fore		County of _//////////////
f T		OFFICIAL SE		BAC 10/2
	1/2/19	AMY BOEHN		Month Year
My commission expires on:	7/36/2000	AMY BOEHN		And 6

Bill of Sale

IN CONSIDERATION OF THE SUM OF:

******* Fourteen Thousand Dollars And No Cents *******lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

Nourish Cafe', LLC, an Arizona Limited Liability Company

hereby grants, bargains, sells and transfers unto the BUYER:

Eldorado Investments, L.L.P., an Arizona Limited Liability Partnership

and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

That certain State of Arizona Liquor License #07070420

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: June 20, 2013

Nourish Cafe', LLC, an Arizona Limited Liability Company Kirstin Carey, Member

State of **ARIZONA** County of **Maricopa** }ss:

On June 20, 2013, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Kirstin Carey, Member personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

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

.

APPLICANTS CANNUT OPERATE UNDER A LOCATION TRANSFER UNTILITIS APPROVED BY THE STATE					
1. Current Business: Name Nourish CAFE HC					
(Exactly as it appears on license) Address <u>1147 E RANCHO VISTA DR 107C, SCOTTSPALE, A285</u> 257					
2. New Business: Name_ELDORADO SCOTTSDALE					
(Physical Street Location) Address 6825 E, 4TH STREET, SEOTTSDALE, AZ 85251					
3. License Type: <u>SERICS[#]7</u> License Number: <u>07076420</u>					
4. If more than one license to be transferred; License Type: <u>N/A</u> License Number: <u>N/A</u>					
5. What date do you plan to move? ALPENDY OPEN What date do you plan to open? ASAP					
SECTION 13 Questions for all in-state applicants <u>excluding those applying for government, hotel/motel, and</u> 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: <u>2,150</u> ft. Name of school <u>VILLE DE MARIE ACADENY</u> Address <u>10535.E. OSBORNE PD #404 SCOTTSDALE</u> AZ City, State, Zip ES251					
2. Distance to nearest church: 1200 ft. Name of church SHEM WTHERAN CHURCH					
Address 6701 E. OSBOLNI RD. SCOTTSDALE, AZ					
City, State, Zip 🎖 式 📅 3. I am the: 🗆 Lessee 🖾 Sublessee 🛣 Owner 🛄 Purchaser (of premises) 🚎					
3. I am the: □ Lessee □ Sublessee □ Owner □ Purchaser (of premises) □ 4. If the premises is leased give lessors: Name □ N A □ □ □					
Address					
City, State, Zip					
4a. Monthly rental/lease rate \$ What is the remaining length of the lease yrsmos.					
4b. What is the penalty if the lease is not fulfilled? \$ or other (give details - attach additional sheet if necessary)					
5. What is the total <u>business</u> indebtedness for this license/location excluding the lease? \$ <u>1,440,000</u> Please list lenders you owe money to.					
Last First Middle Amount Owed Malling Address City State Zip					
MUTUAL OF OMAHA BANK \$1.440,000 9200 E. PIMA CTR SUITE 260					
SBOTTSDALE AZ 85258					

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 13 - continued

7. ł	Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?					
8. I	Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES X NO					
	s the premises currently licensed with a liquor license? 🗆 YES 💢 NO If yes, give license number and licensee's name:					
Lic	ense #(exactly as it appears on license) Name					
_	ECTION 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:					
-	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 \Box hotel/motel \Box 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.					
_						
	ECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)					
1.	Check ALL boxes that apply to your business:					
	Service windows Drive-in windows Drive-in windows					
2 .	Is your licensed premises currently closed due to construction, renovation, or redesign? YES NO					
•						
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 spinitous 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

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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 1.

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.

DIAGRAM ATTACHED	
	1 5
<u>SECTION 16</u> Signature Block Gเลงไง่	
I, <u>FRANCO CALABRESE</u> , hereby d (print full name of applicant)	leclare that I am the OWNER/AGENT filing this
application as stated in Section 4, Question 1. 1 have	read this application and verify all statements to be
true, correct and complete	
x Balkalo	
(signature of applicate listed in Section 4, Question 1)	n .
Notary Public	F Arizona County of Maricopa
Maricopa County, Arizona My Comm. Expires 01-23-17	The foregoing instrument was acknowledged before me this
Wy Commence	26th of June , 2013

My commission expires on: 23rd of January, 2017 Year Month Dav

signature of NOTARY PUBLIC

Year

Day

