CITY COUNCIL REPORT



Meeting Date:

April 8, 2014

General Plan Element:

Land Use

General Plan Goal:

Support a diversity of businesses.

ACTION

Restaurant Liquor License Request for Smashburger #1402 16-LL-2014. 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

Smashburger Acquisition Phoenix, LLC

APPLICANT CONTACT

Andrea Lewkowitz

LOCATION

15801 N Frank Lloyd Wright #100

BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This has been a licensed location since July 2012, operating with liquor as Smashburger.

The zoning for this site is Central Business District (C-2), which allows restaurants. This establishment is 2,658 sq. ft. including an existing 350 sq. ft. patio.

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 10:00 a.m. to 10:00 p.m.; however, due to State liquor license processing

Action Taken			
	ction Taken		

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 have been paid.

Spirituous Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

IMPACT ANALYSIS

Current Planning Department

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

A.R.S. Section 4-112.B.1 R19-1-310 Criteria for Restaurant Operations.

This owner intends to continue operating this location as a restaurant. Staff has assessed 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. Staff finds that the establishment is designed and intended to operate as a restaurant. There is no bar service area and the kitchen area is 700 sq. ft. or 30% of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

Public Safety Division.

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

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

liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

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

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

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

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

Staff Recommendation

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

Next Steps

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

RESPONSIBLE DEPARTMENT(S)

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 Division

APPROVED BY

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

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

31014



312-2664, rgrant@scottsdaleaz.gov



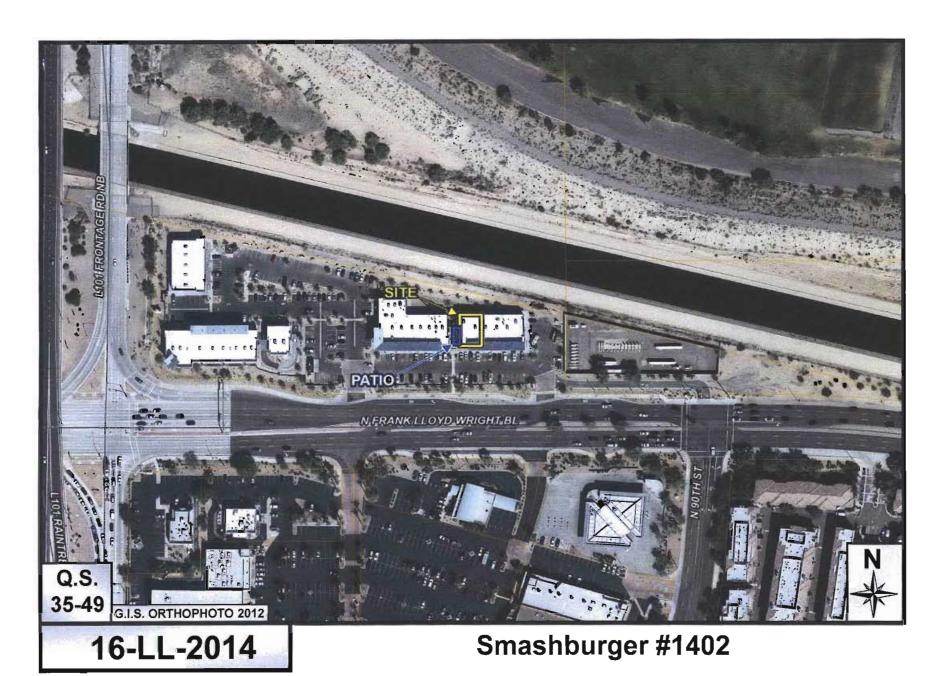
ATTACHMENTS

Aerial Map #1:

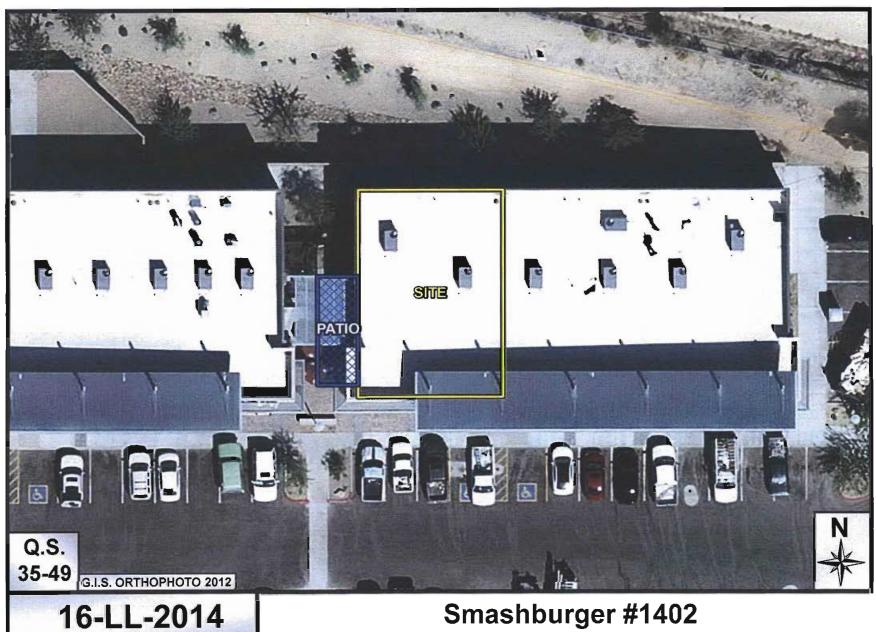
#2: Close-up Aerial Map

#3: City of Scottsdale Applicant Questionnaire

#4: State Application



ATTACHMENT #1



ATTACHMENT #2

Smashburger #1402



Liquor License Questionnaire

Please complete all questions and return within 3 business days.
Name of Business: Smashburger Acquisition Phoenix, LLC dba Smashburger #1402
Business Address: 15801 N. Frank Lloyd Wright Blvd. Scottsdale, AZ 85260
Type of Business (restaurant, bar, grocery, retail) Restaurant
Total Gross Square Footage of Establishment: 2,308 sq. ft
Was there a previous business at this location?
Was liquor sold at this location prior to this application? ✓ Yes □ No If yes, what type of license? Series 12
Is this business currently open?
If yes , is this business operating with an Yes No Interim license?
If no, what is the proposed opening date?
Is this business under construction or being remodeled?
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 during business operations? Yes* ✓ No 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
During what hours will the establishment provide full kitchen service? 10am-10pm
During what hours will the establishment offer liquor sales? 10am- 10pm
Gross square footage of kitchen: 706 sq. ft.
(do not include refrigerators or areas used for storage of food or beverages) Gross square footage of bar service area: N/A (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

	Plea	se complete all q	uestions and return with	n 3 business days.	Car Barrens
Will th	nis business featur	e any of the follo	owing:		
Live B Amplif	n Dancing? ands? ied music? Entertainment? nours?	☐ Yes*	DJ? Games? Four or more p	ool tables?	Yes*
		*May req	uire a Conditional Use P	ermit	
ARS 4 County	or the Board, the a	pplicant bears the	governing body of a city of burden of showing that the substantially served by	he public convenienc	e requires and
1.			nd reliability to hold a lique or I am involved in the operat		a national basis.
	My responsibilities are to Insur	e the company follows the g	uidelines set forth by the board of director	rs, shareholders and the communi	itles in which we operate.
	I will uphold the rules and regular	tions set foth by the city of Sco	tisdale and the State of Arizona. I am a US o	ilizen, over the ege of 21 and have n	no arrest record of any kind.
2.	by the issuance of t	the liquor license	the best interest of the co because: ality food, reasonable prices, and		
	can be satisfied with the	menu options. The liqu	or component however incidental	is critical to public convenie	ence and necessity.
3.	Please describe yo		sandwiches, salads, beverages	as well as beer & wine for c	on site consumption.
not a su applical demolis apply to be resp from an For most	ibstitute for the Licens ble to the license. The h any improvements. Licensee's contemple onsible to, separate a y and all governments	see's obligation to co Recommendation Zoning processes ated Improvements and apart from this Real or other entities in an zoning processes	e AZ Department of Liquor L comply with all state, local an is not a permit or regulatory, building permit processes, and are completely separate ecommendation, directly ob- icluding the City's having states, building permit processes,	d federal laws, policies approval to hold any er and similar regulatory re from the Recommend tain all necessary permending or jurisdiction ov	and regulations vents or construct or requirements may dation. Licensee shall hits and approvals ver the subject areas.
	lame: Circly B		Signature: Nay MIR	Da	ate: 3/7/14/ Submit

Planning, Neighborhood and Transportation Division

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

"14 FEB 20 Ligr. Dept AM1047

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor Phoenix, Arizona 85007 www.azliquor.gov 602-542-5141

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INC.

16-11-2014

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements. SECTION 1 This application is for a: SECTION 2 Type of ownership: ☐ MORE THAN ONE LICENSE ☑ INTERIM PERMIT Complete Section 5 J.T.W.R.O.S. Complete Section 6 NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16 ☐ INDIVIDUAL Complete Section 6 ☐ PARTNERSHIP Complete Section 6 ☐ PERSON TRANSFER (Bars & Liquor Stores ONLY) Complete Sections 2, 3, 4, 11, 13, 15, 16 CORPORATION Complete Section 7 LIMITED LIABILITY CO. Complete Section 7 ☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY) Complete Sections 2, 3, 4, 12, 13, 15, 16 ☐ CLUB Complete Section 8 ☐ GOVERNMENT Complete Section 10 ☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) ☐ TRUST Complete Section 6 GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16 OTHER (Explain) SECTION 3 Type of license and fees LICENSE #(s): 1. Type of License(s): Series 12 Department Use Only 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 Mr. Lewkowitz Andrea anlman Owner/Agent's Name: R Ms. (Insert one name ONLY to appear on license) 2. Corp./Partnership/L.L.C.; Smashburger Acquisition Phoenix, LLC (Exactly as it appears on Articles of Inc. or Articles of Org.) Business Name: Smashburger #1402 (Exactly as it appears on the exterior of premises) Principal Street Location 15801 N. Frank Lloyd Wright Blvd# \po Scottsdale, Maricopa 85260 (Do not use PO Box Number) County Business Phone: 480-661-1150 Daytime Phone: 303.633.1544 Email: dflageolle@smashburger.com Is the business located within the incorporated limits of the above city or town? XYES INO 7. Mailing Address: 3900 East Mexico Ave, Suite 1200, Denver, CO 80210 8. Price paid for license only bar, beer and wine, or liquor store. Type Type **DEPARTMENT USE ONLY** Fees: TOTAL OF ALL FEES Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? XYES Accepted by

*Disabled individuals requiring special accommodation, please call (602) 542-9027.

1/7/2013

SECTION 5 Interim Permit:

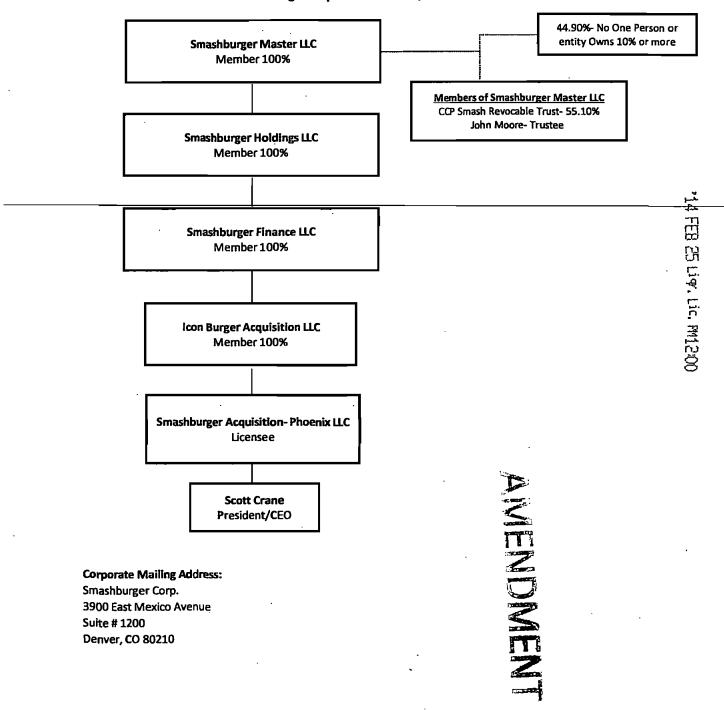
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 If you intend to ope 4-203.01. 	erate business when	your application is	pending you will need an Inter	rim Permit pursuant to A.R.S.
2. There MUST be a v	alid license of the sa	ame type you are ar	oplying for currently issued to t	he location.
3. Enter the license nu				
4. Is the license currer	. 7	•	how long has it been out of us	e?
	,	,		
ATTACH THE LICENS	SE CURRENTLY IS:	SUED AT THE LO	CATION TO THIS APPLICATI	ION.
(Print full name)			RENT OWNER, AGENT, CLU	
MEMBER, STOCKH	OLDER, OR LICEN	ISEE (circle the title	which applies) of the stated	license and location.
x Deel	Q /		• /	County of MAN WYA.
(Signature	- X		$\frac{19}{19}$ day of $\frac{79}{19}$	avant 1014
My commission expires	Notary	Y L SCHROFF Public - Arizona	Day	Month Year
	My Con	ricopa County nmission Expires		TUUUGA
	Febr	ruary 12, 2017	(Signature of	NOTARY PUBLIC)
			<u> `</u>	
SECTION 6 Individ	iual or Partnership	Owners:		
	SUBMIT A COMPLETED Q	UESTIONNAIRE (FORM LI	C0101), AN "APPLICANT" TYPE FINGER	RPRINT CARD, AND \$22 PROCESSING FEE
FOR EACH CARD.	SUBMIT A COMPLETED Q	UESTIONNAIRE (FORM LI	C0101), AN "APPLICANT" TYPE FINGER	RPRINT CARD, AND \$22 PROCESSING FEE
	SUBMIT A COMPLETED Q	UESTIONNAIRE (FORM LI	C0101), AN "APPLICANT" TYPE FINGER	RPRINT CARD, AND \$22 PROCESSING FEE
FOR EACH CARD.		UESTIONNAIRE (FORM LI		City State Zip
FOR EACH CARD. 1. Individual:				
FOR EACH CARD. 1. Individual:				
FOR EACH CARD. 1. Individual:	First N	Middle % Own	ed Mailing Address	
FOR EACH CARD. 1. Individual: Last	First N	Middle % Own	ed Mailing Address icense)	
FOR EACH CARD. 1. Individual: Last Partnership Name: (Or	First N	Middle % Own	ed Mailing Address icense)	City State Zip
Partnership Name: (Or General-Limited Last	First N	Middle % Own	ed Mailing Address icense)	City State Zip
FOR EACH CARD. 1. Individual: Last Partnership Name: (Or General-Limited Last	First N	Middle % Own	ed Mailing Address icense)	City State Zip
Partnership Name: (Or General-Limited Last	First N	Middle % Own	ed Mailing Address icense)	City State Zip
Partnership Name: (Or General-Limited Last	First N	Middle % Own	ed Mailing Address icense)	City State Zip
Partnership Name: (Or General-Limited Last	First N	Middle % Own	ed Mailing Address icense)	City State Zip
Partnership Name: (Or General-Limited Last	First N	Middle % Own	icense) Malling Address	City State Zip
Partnership Name: (Or General-Limited Last	First M	sted will appear on liddle % Owns	icense) Malling Address Malling Address The profits/losses of the business?	City State Zip City State Zip RASSECENFI
Partnership Name: (Or General-Limited Last	First M The first partner list First M Than the above, go current address and	ing to share in the ptelephone number of	icense) Malling Address Malling Address Malling Address The person (s). Use additional interest of the person (s).	City State Zip City State Zip RASSECENFI
Partnership Name: (Or General-Limited Last	First M The first partner list First M Than the above, go current address and	ing to share in the ptelephone number of	icense) Malling Address Malling Address Malling Address The person (s). Use additional address additional additional address.	City State Zip City State Zip RASSECENFI
Partnership Name: (Or General-Limited Last	First M The first partner list First M Than the above, go current address and	ing to share in the ptelephone number of	icense) Malling Address Malling Address Malling Address The person (s). Use additional interest of the person (s).	City State Zip City State Zip R A S S E C E N F I YES □ NO al sheets if necessary.
Partnership Name: (Or General-Limited Last	First M The first partner list First M Than the above, go current address and	ing to share in the ptelephone number of	icense) Malling Address Malling Address Malling Address The person (s). Use additional interest of the person (s).	City State Zip City State Zip R A S S E C E N F I YES □ NO al sheets if necessary.

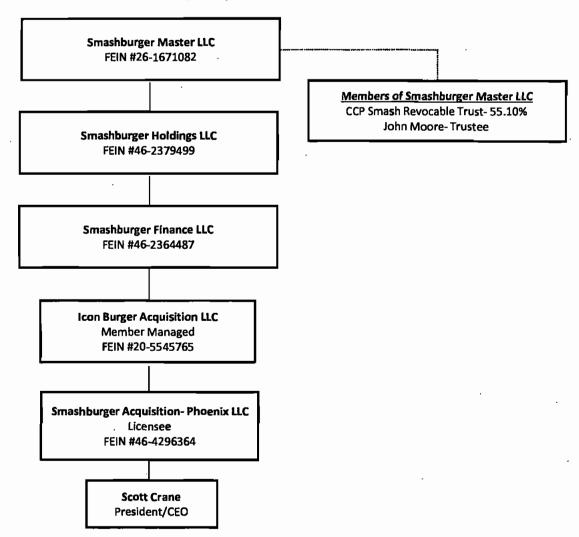
SECTION 7 Corporation/Limited Liability Co.: EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRS FEE FOR EACH CARD.	E (FORM LICO10	1), an "applica	ANT!" TYPE FINGERPRINT CAR	RD, AND \$22 PROCESSING
☐ CORPORATION Complete question ☐ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.	s 1, 2, 3, 5,	6, 7, and 8.	FEB 24 Ligr. Lic. 941	040
Name of Corporation/L.L.C.: Smashburger Acquis	sition Phoen	ix, LLC		<u> </u>
(Exactly as it appears on	Articles of Incor	poration or Artic	des of Organization)	
	State where	e Incorporate	ed/Organized: Delaware	
3. AZ Corporation Commission File No.:		Date	authorized to do busine	ess in AZ:
4. AZ L.L.C. File No: R1892554-5	<u>=</u>	Date authori	zed to do business in A	<u>z</u> : 12/18/2013
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒NO				•
List all directors, officers and members in Corporat Last	ion/L.L.C.: Title		Mailing Address	City State Zip
See attached flow chart	a	See at	tached flow chart	
· ·				
		· ·	·	
(ATTAC)	H ADDITIONAL	SHEET IF NEC	CESSARY)	·
7. List stockholders who are controlling persons or wi		or more:	Mailing Address	City State Zip
See attached flow chart	a		lexico Ave, Suite 1200, D	
			<u> </u>	
				<u></u>
(ATTACH	HADDITIONAL	SHEET IF NEC	CESSARY)	
8. If the corporation/L.L.C. is owned by another entity disclosure for the parent entity. Attach additional	• •	_	•	
——————————————————————————————————————		ME		
SECTION 8 Club Applicants: " 12 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(FORM LIC0101)	O E TO A BARRA (T' TYPE FINGERPRINT CARD	, AND \$22 PROCESSING FEE
FOR EACH CARD. 1. Name of Club:		•	Date Chartered:	
(Exactly as it appears on Club Charter or E	Bylaws)			opy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO				
3. List officer and directors:				
Last First Middle	Title	<u>N</u>	Mailing Address	City State Zip

SECTION 7 Corporation/Limited Liability Co.: EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FOFEE FOR EACH CARD,	RM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD	, AND \$22 PROCESSING
☐ CORPORATION Complete questions 1, ☐ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.			
Name of Corporation/L.L.C.: Smashburger Acquisition (Exactly as it appears on Articles) (Exactly as it appears on Articles)	n Phoeni es of Incon	x, LLC poration or Articles of Organization)	
, , , , , , , , , , , , , , , , , , , ,		Incorporated/Organized: Delaware	
AZ Corporation Commission File No.: 04495023	ite where	Date authorized to do busines	s in A7· 12/16/2013
4. AZ L.L.C. File No: R1892554-S		Date authorized to do business in AZ	
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒NO			
List all directors, officers and members in Corporation/	I I C ·		
Last First Middle	Title	Mailing Address	City State Zip
See attached flow chart		See attached flow chart	,
			7
			b
			9
7. List stockholders who are controlling persons or who d		SHEET IF NECESSARY)	
Last First Middle	% Owned	Mailing Address	City State Zip
Se attached flow chart		3900 East Mexico Ave, Suite 1200, Der	nver, CO 80210
-			
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(ATTAOUAD)	DITIONAL	OUTET IF NECESSARY	
8. If the corporation/L.L.C. is owned by another entity, a disclosure for the parent entity. Attach additional sh	ttach a p		
SECTION 8 Club Applicants:			
EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FOR FOR EACH CARD.	N LICO101)	, AN "APPLICANT" TYPE FINGERPRINT CARD, J	AND \$22 PROCESSING FEE
1. Name of Club:		Date Chartered: _	
(Exactly as it appears on Club Charter or Bylav	vs)	(Attach a cop	by of Club Charter or Bylaws)
2. Is club non-profit?			
List officer and directors: Last First Middle	Title	Mailing Address	City State Zip
·	_		
		+	

Smashburger Acquisition Phoenix, LLC



Smashburger Acquisition Phoenix, LLC



Corporate Mailing Address:

Smashburger Corp. 3900 East Mexico Avenue Suite # 1200 Denver, CO 80210

SECTION 9 Probate, 1. Current Licensee's Nar	•	Aorce Decree of a	in existing bar or L	iquor Store License.	
(Exactly as it appears on license)	· La	ast ·	First	Middle ·	·/
2. Assignee's Name:	last	First		Middle	
3. License Type:				Last Renewal:	
4. ATTACH TO THIS APPLIC	CATION A CERTIFIED COP	Y OF THE WILL, PRO	BATE DISTRIBUTION	INSTRUMENT, OR DIVO	
DECREE THAT SPECIFIC	CALLY DISTRIBUTES THE I	LIQUORLICENSETO	THEASSIGNEE TO 1	THIS APPLICATION.	<u> </u>
SECTION 10 Governm	nent: (for cities, towns,	or counties only)			
Governmental Entity:		_			
•					ect -
2. Person/designee:	Last	First	Middle	Colored Phone Nu	
		•		Contact Phone Nu	-
A SEPARATE LICEN	SE MUST BE OBTAINED	FOR EACH PREMI	SES FROM WHICH S	SPIRITUOUS LIQUOR IS	
SECTION 11 Person t	to Person Transfer:			7 – – – -	_ – ਣ
			/	/	Liqu, Jept
Questions to be complete	ed by CURRENT LICENS	SEE (Bars and Liq	uor Stores ONLY/Se	eries 06,07, and 09).	- ·
1. Current Licensee's Nan				Entity:	
(Exactly as it appears on licens	se) Last	First	Middle	(Indiv., /	Agent, etc.)
Corporation/L.L.C. Nam	ne: (Exactly as it appears o	(:)	-/		
		on license)			
Current Business Name	e: (Exactly as it appears of	on license)	/ .		
4. Dhoolad Otoset Leadin	•		/		
4. Physical Street Location	1 of Business: Street				
	City, State, Zip		·		
5. License Type:	Licens	se Number:			
O. Marrier than and linear	- 4- h- 4	T	Linamaa	Ali mala a m	
6. If more than one license	e to de transfered: Licens	se Type:	License	Number:	
7. Current Mailing Address	s: Street				
(Other than business)	City Chata Zin	-			
	City, State, Zip				
Have all creditors, lien I	nolders, interest bolders,	etc. been notified of	f this transfer? \Box	YES 🗆 NO	
Does the applicant inte 5 of this application, at	nd to operate the busines ttach fee, and current lice	ss while this applica ense to this applica	tion is pending? \Box) tion.	YES ☐ NO If yes, com	plete Section
10. l,		hereby autho	orize the denartment	to process this applicati	on to transfor t
(print full name	e)	, nereby durie	ngo alo doparanone	to process time applicati	
	to the applicant, provide				
conditions, I certify that	t the applicant now owns			-	
I,(print full nan	ne)	, declare that I a	m the CURRENT OF	WNER, AGENT, MEMB	BER, PARTNER
STOCKHOLDER, or LI true, correct, and comp	ICENSEE of the stated lice plete.	cense. I have read	the above Section 11	and confirm that all sta	atements are
/			State of	County of	
(Signature o	of CURRENT LICENSEE)	-		rument was acknowledg	ed before me ti
My commission avairas as	. .		Day	Month	Year
My commission expires or	l	·			
		4	(Signatur	e of NOTARY PUBLIC)	

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	Al-		14 FEB 27 Liq.	JE #53	
. Current Business: (Exactly as it appears on license)	Name		The LEM Check Cont.		
	Address				
New Business:	Name				
(Physical Street Location)	Address				
License Type:		_		NDMENT	
. If more than one license to be t	ransferred: Licer	ise Type:	License	Number:	
. What date do you plan to move	?		What date do you pla	n to open?	
SECTION 13 Questions for restaurant lice	all in-state app nses (series 5,		g those applying for go	vernment, hotel/motel, a	<u>ıd</u>
S. § 4-207 (A) and (B) state that no rel director, within three hundred (300) hor dergarten programs or grades one (1) the above paragraph DOES NOT apply to	izontal feet of a chu rough (12) or within	rch, within three hund	dred (300) horizontal feet of a p	ublic or private school building w	ith
a) Restaurant license (§ 4-205.02)	•	c)	Government license (§ 4-205.0	13)	
b) Hotel/motel license (§ 4-205.01)		d)	Fenced playing area of a golf of	ourse (§ 4-207 (B)(5))	
Distance to nearest school:			Scottsdale Preparatory Acc 2nd St., Scottsdale, AZ	ademy	
	Α	ddress 10337 14. 9	City, State	, Zip	
2. Distance to nearest church:	2164 ft.	Name of church	Covenant Community Chu	• •	
•			0th St., Scottsdale, AZ	_	
	7 0 =		City, State,	Zip	
3. I am the: 🛛 Lessee L			urchaser (of premises)		
	aaami Alama Wal	lter Howl- FLW 101	ITTC		
. If the premises is leased give le	ssors: Name		1 64 60470 4:: 0	14	
. If the premises is leased give le	Address P.	O. Box 18-2144 Co	ronado, CA <u>9217</u> 8 Attn: Per		
	Address P.6	O. Box 18-2144 Co	ronado, CA 92178 Attn: Per City, State, 2	Zip	
a. Monthly rental/lease rate \$ <u>6,</u>	Address <u>P.€</u> 138.67-8,624.₩	O. Box 18-2144 Co What is the remai	ronado, CA 92178 Attn: Per City, State, Z ning length of the lease § or other Termination	Zip 3_ yrs. 3mos.	
a. Monthly rental/lease rate \$\frac{6,^2}{6,} b. What is the penalty if the leas What is the total <u>business</u> indebt	Address P.0 138.67-8,624. A vie is not fulfilled? redness for this lid	O. Box 18-2144 Co Vhat is the remai	ronado, CA 92178 Attn: Per City, State, Z ning length of the lease § or other Termination (give details - attac	Zip 3 yrs. 3 mos. ch additional sheet if necessar	ry)
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SECTION 12 Location to Location Transfer: APPLICANTS CANNOT OPERATE UNDER A LOCATION TRA			TE	
Current Business: Name				
(Exactly as it appears on license) Address				
New Business: Name (Physical Street Location)	_/_			
Address				
3. License Type:License Numb	oer			
4. If more than one license to be transferred: License	se Type:	Licens	se Number:	
5. What date do you plan to move?		What date do you	plan to open?	
SECTION 13 Questions for all in-state appl restaurant licenses (series 5,	licants <u>excludin</u> 11, and 12):	g those applying for	<u>government, hotel/m</u>	otel and
5. What date do you plan to move? SECTION 13 Questions for all in-state apples restaurant licenses (series 5, a.R.S. § 4-207 (A) and (B) state that no retailer's license shall the director, within three hundred (300) horizontal feet of a chur indergarten programs or grades one (1) through (12) or within the above paragraph DOES NOT apply to: a) Restaurant license (§ 4-205.02) b) Hotel/motel license (§ 4-205.01)	pe issued for any pre ch, within three hund three hundred (300)	mises which are at the time fred (300) horizontal feet of horizonal feet of a fenced r	e the license application is r a public or private school b ecreational area adjacent to	eceived by Soulding with soulding with soulding.
a) Restaurant license (§ 4-205.02) b) Hotel/motel license (§ 4-205.01)	c) d)	Government license (§ 4-2 Fenced playing area of a g	05.03) off course (§ 4-207 (B)(5))	Dept AM10
1. Distance to nearest school: 2164.8 ft.	Name of school	Scottsdale Preparatory	Academy	
		2nd St., Scottsdale, AZ		
2164		•	ate, Zip	
		Covenant Community	Church	
Ad	ddress <u>16415 N. 9</u>	Oth St., Scottsdale, AZ	ata Zin	
3. I am the: ☑ Lessee ☐ Sublessee ☐	Owner 🔲 P	City, Sta urchaser (of premises	· •	
If the premises is leased give lessors: Name	FLW 101 L	ıc		
Address	-		do, CA 92178	•
	-	City, State	e, Zip	
•		ning length of the leas	se yrsmos.	
4b. What is the penalty if the lease is not fulfilled?	\$	_ or other (give details - a	attach additional sheet if r	necessary)
What is the total <u>business</u> indebtedness for this lice.Please list lenders you owe money to.	ense/location exc			<i></i>
Last First Middle	Amount Owed	Mailing Address	City State	Zip
N/A				
	-1	·		
	_			
(ATTAC	CH ADDITIONAL SHE	ET IF NECESSARY)		

6. What type of business will this license be used for (be specific)? Fast Casual Restaurant

SECTION 13 - continued

7.	Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
2	☐ YES ☐ NO If yes, attach explanation, FEB 24 Liq. Lic. №1040 Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☐ NO
	Is the premises currently licensed with a liquor license? YES NO If yes, give license number and licensee's name:
J. 1	
Lic	cense #(exactly as it appears on license) Name ANDREA DAHLMAN LEWKOWITZ
-	
<u>S</u>	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:
	LEWKOWITZ ANDREA DAHLMAN and license #:
2.	Last First Middle 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 \square hotel/motel \boxtimes 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.
	As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to confact the Department of Laure Econses 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)
۲.	Check ALL boxes that apply to your business: □ Entrances/Exits □ Liquor storage areas Patio: □ Contiguous
•	☐ Entrances/Exits ☐ Liquor storage areas Patio: ☐ Contiguous ☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2.	Is your licensed premises currently closed due to construction, renovation, or redesign? If yes, what is your estimated opening date? Mo 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 spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5.	Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.
	As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service

windows, or increase or decrease to the square footage after submitting this initial drawing.

s initials

SECTION 13 - continued 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? ☐ YES ☒ NO If yes, attach explanation. 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO 9. Is the premises currently licensed with a liquor license? 🖂 YES 💢 NO If yes, give license number and licensee's name: (exactly as it appears on license) Name Sunwest Burger LLC License # 12079162 SECTION 14 Restaurant or hotel/motel license applicants: 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☑ YES ☐ NO If yes, give the name of licensee, Agent or a company name: **Sunwest Burgers LLC** .and license #: 12079162 First Middle Last 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate whileyour 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 \(\subseteq \) hotel/motel \(\subseteq \) 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. SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form) 1. Check ALL boxes that apply to your business: Patio: Contiguous Entrances/Exits Liquor storage areas ☐ Service windows ☐ Drive-in windows ☐ Non Contiguous 2. Is your licensed premises currently closed due to construction, renovation, or redesign? **⊠** NO ☐ YES If yes, what is your estimated opening date? month/day/year 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

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

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.

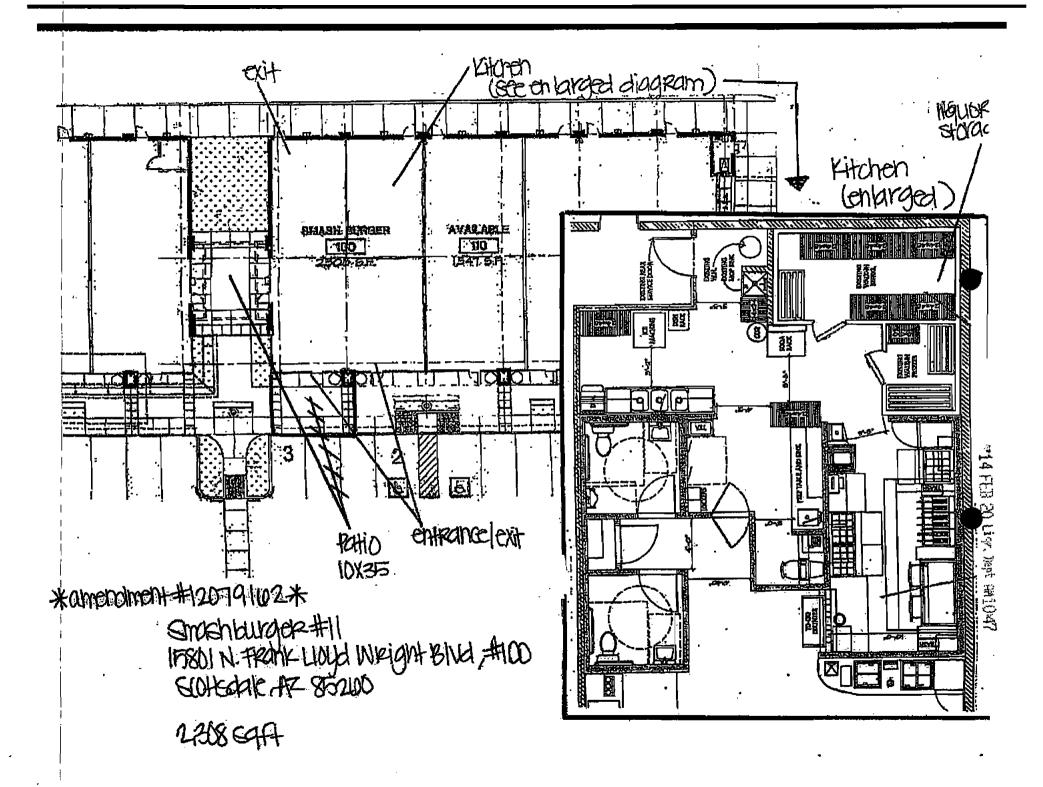
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TION 16 Signature Block			
	reby declare that I a	n the OWNER/AG	ENT filing this
(print full name of applicant)			
cation as stated in Section 4, Question 1. I correct and complete.	nave read this appi	ication and verity a	ali statements
Ignature of applicant listed in Section 4, Question 1)			
•	State of	County of _	
•	The foregoing ins	trument was acknowledg	ged before me this
	. <u>———</u> o	f	,Year
ommission expires on :		<u> </u>	
Day Month Year	sign	ature of NOTARY PUBLIC	

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.

	See Attached
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SECTION 16 Signature Block	
. Scott Crane	, hereby declare that I am the OWNER/AGENT filing this
(pfint full name of applicant)	1. I have read this application and verify all statements to be
true, correct and complete.	The vertical tills application and verify all statements to be
x £	
(signature of applicant listed in Section 4, Question 1)	
DaSha M. LANDRY	State of County of Denuer
NOTARY PUBLIC STATE OF COLORADO	The foregoing instrument was acknowledged before me this
NOTARY ID 20124056865	14th of February 2014
MY COMMISSION EXPIRES AUGUST 24, 2016 My commission expires on: \$24/8/2016	Day Month Year
My commission expires on : <u>\$24/\$/2016</u> Day Month Year	signature of NOTARY PUBLIC
	\ /



OUR FAVORITES

CLASSIC RECIPES.

CLASSIC SMASH™

American cheese, SMASH SAUCE, ketchup, lettuce, tomato, pickles and onion on an egg bun.

BACON CHEESEBURGER

Applewood-smoked BACON, AMERICAN CHEESE, yellow mustard, ketchup, pickles and onion on an egg bun.

AVOCADO CLUB CHICKEN

FRESH AVOCADO, applewood-smoked BACON, lettuce, tomato, ranch dressing and mayo on a multi-grain bun.

SMASHFRIES®

Tossed with ROSEMARY, olive oil and garlic.

smashburger.

SIGNATURE RECIPES.

REGIONAL BURGERS

Our regional burgers are designed specifically to respresent unique LOCAL FLAVORS. Check specific market menu for your options.



SMALL, REGULAR, AND BIG SIZES AVAILABLE

BBQ, BACON & CHEDDAR

BBQ sauce, applewood-smoked BACON, cheddar and HAYSTACK ONIONS on an egg bun.

TRUFFLE MUSHROOM SWISS

TRUFFLE mayo, sautéed BABY PORTABELLA MUSHROOMS and aged Swiss on an egg bur.

SPICY BAJA

FRESH JALAPEÑOS, GUACAMOLE, pepper jack, lettuce, tomato, onion and chipotle mayo on a spicy chipotle bun.



FRESH AVOCADO, applewood-smoked BACON, lettuce, tomato, ranch dressing and mayo on a multi-grain bur.

SPICY VEGGIE BLACK BEAN

FRESH JALAPEÑOS, GUACAMOLE, pepper jack, lettuce, tomato, onion and chipotle mayo on a spicy chipotle bun.

CREATE YOUR OWN BURGER

American cheese, egg bun and your choice of any of our FREE sauces and toppings or \$1 PREMIUM add-ons below.



\$1 PREMIUM ADD-ONS

APPLEWOOD-SMOKED BACON GRILLED MUSHROOMS FRESH SLICED AVOCADO GUACAMOLE FRIED EGG

FREE SAUCES & TOPPINGS

Smash Sauce Fresh Jalapeños
Spicy Chipotie Grilled Onions
BBQ Red Onion
Ranch Lettuca
Yellow Mustard Tomato
Ketchup Pickles
Mayo

SHAKES & MALTS

OREO®, NUTTER BUTTER®, BUTTERFINGER®

VANILLA, CHOCOLATE, STRAWBERRY



SMASHCHICKEN ®14 FEB 24 Ligh. Lic. 9910/40

100% TENDER MARINATED CHICKEN.

BBQ, BACON & CHEDDAR

BBQ sauce, applewood-smoked BACON, cheddar and HAYSTACK ONIONS on an egg bun.

TRUFFLE MUSHROOM SWISS

TRUFFLE mayo, sautéed BABY PORTABELLA MUSHROOMS and aged Swiss on an egg bun.



SPICY BAJA

FRESH JALAPEÑOS, GUACAMOLE, pepper jack, lettuce, tomato, onion and chipotle mayo on a spicy chipotle bun.



AVOCADO CLUB

FRESH AVOCADO, applewood-smoked BACON, lettuce, tomato, ranch dressing and mayo on a multi-grain bun.

CLASSIC

Lettuce, tomato, pickles, red onion and mayo on a MULTI-GRAIN bun.

SALADS

FRESH, CRISP GREENS.

SALAD OPTIONS SUBJECT TO AVAILABILITY

HARVEST

Fresh greens, balsamic tomatoes, raisins, **DRIED CRANBERRIES**, sunflower seeds, pumpkin seeds, and **BLUE CHEESE** topped with **BALSAMIC** vinaigrette.



CLASSIC COBB

Fresh greens, fried egg, applewood-smoked **BACON**, tomatoes, onions, cheddar and **BLUE CHEESE** topped with buttermilk ranch dressing.

BAJA COBB

Fresh greens, applewood-smoked **BACON**, sliced jalapeños, **GUACAMOLE**, cheddar, tomatoes and onlons topped with spicy chipotle dressing.

FRIES & SIDES

SOMETHING FOR EVERYONE

FRENCH FRIES

SMASHFRIES®

SWEET POTATO FRIES

HAYSTACK ONIONS

VEGGIE FRITES

Flash-fried carrot sticks and green beans.

SIDE GARDEN SALAD





KIDS MEALS

For kids 12 and under.

Served with fries and a kids soft drink or milk.

KIDS SMASHT

CHICKEN STRIPS

HOT DOG

Coca Cola FOUNTAIN DRINKS

BEVERAGES

ICED TEA

BEER VARIETIES ALSO AVAILABLE IN SOME LOCATIONS

'All Describerger vegetaries Rams have an await, peeding fish or seeleed. It is possible for any fund Rams to capes into careful; with animal product