

CITY COUNCIL REPORT



Meeting Date: May 13, 2014
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses*

ACTION

Restaurant Liquor License Request for Local Tap & Table 17-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

CIFC Restaurant Group LLC

APPLICANT CONTACT

Randy Nations

LOCATION

2730 N Scottsdale Rd.

BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This has been a licensed location with a series 6 (bar) liquor license since 1999, most recently operating with liquor as The Dirty Drummer.

The zoning for this site is Highway Commercial (C-3), which allows restaurants. This establishment is 5,500 sq. ft. including 2 proposed patios totaling 1,590 sq. ft.

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 7:00 a.m. to close; 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 have been paid.

Spirituos 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 operate 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. The bar service area is 270 sq. ft. (7%) of gross floor area, and the kitchen area is 640 sq. ft. (16%) 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

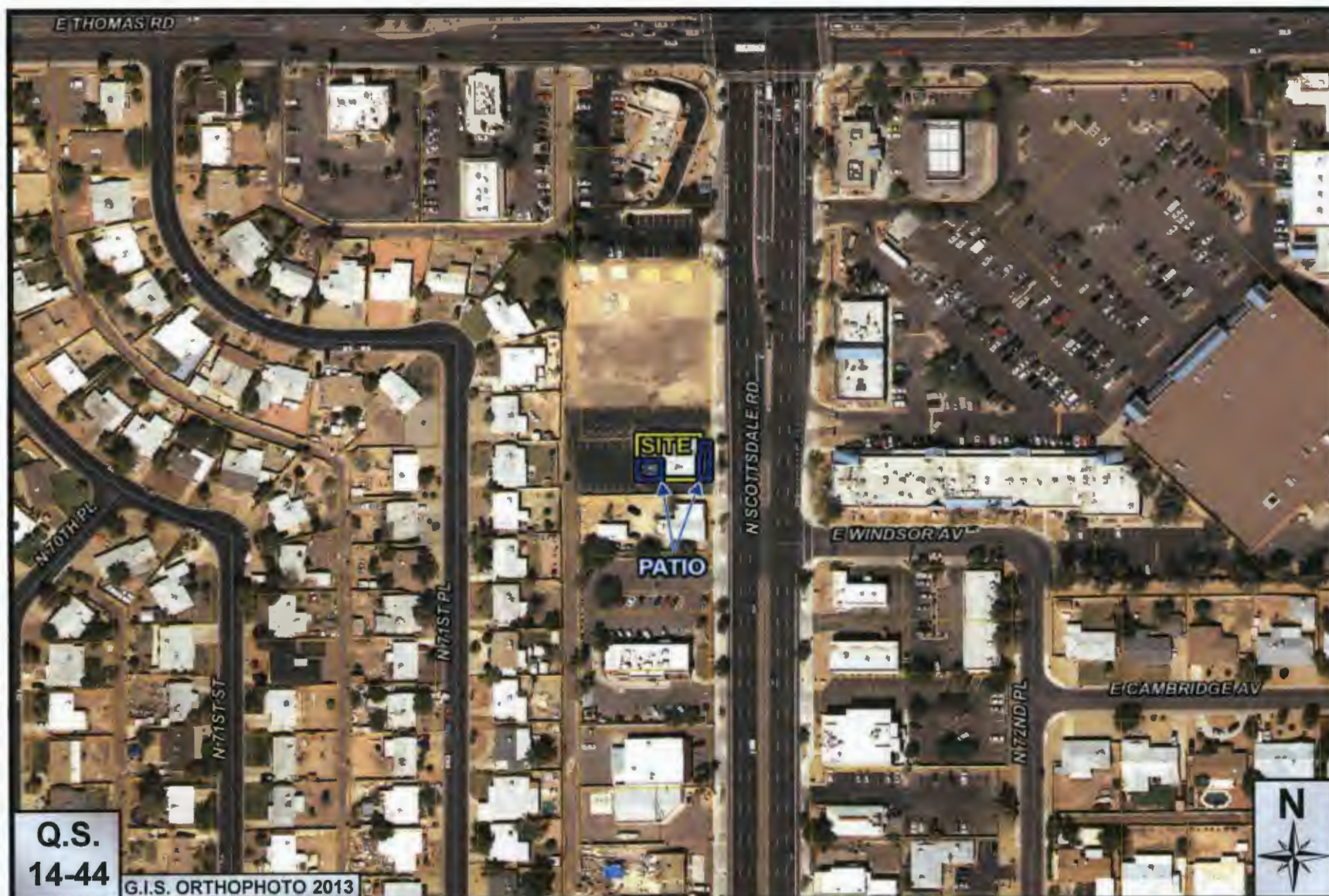
 4/25/2014

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

 4/28/14

ATTACHMENTS

- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: City of Scottsdale Applicant Questionnaire
- #4: State Application



17-LL-2014

Local Tap & Table

ATTACHMENT #1



Q.S.
14-44

G.I.S. ORTHOPHOTO 2013

17-LL-2014

Local Tap & Table

ATTACHMENT #2



Liquor License Questionnaire

Please complete all questions and return within 3 business days.

Name of Business: The Local Tap & Table

Business Address: 2730 N Scottsdale Rd Scottsdale AZ 85257

Type of Business (restaurant, bar, grocery, retail) Restaurant

Total Gross Square Footage of Establishment: 5500 sq ft

Was there a previous business at this location? ☒ Yes ☐ No

If **yes**, list the previous business: Dirty Drummer

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

If **yes**, what type of license? Series 6

Is this business currently open? ☐ Yes ☒ No

If **yes**, is this business operating with an Interim license? ☐ Yes ☐ No

If **no**, what is the proposed opening date? June 2014

Is this business under construction or being remodeled? ☒ Yes ☐ No

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

Does this business have a proposed patio? ☒ Yes ☐ No Dimensions of patio 1590 sq ft

How many parking spaces are allocated to your business? 32

For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☐ Yes* ☒ No

Will the kitchen be less than 15% of the gross floor area? ☐ Yes* ☒ No

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes* ☒ No

Is a cover charge required for admittance at any time during business operations? ☐ Yes* ☒ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☐ Yes* ☒ No

*May require a Conditional Use Permit

During what hours will the establishment provide full kitchen service? 7 am to close

During what hours will the establishment offer liquor sales? 7 am to close

Gross square footage of kitchen: 640

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

Gross square footage of bar service area: 270

(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 questions and return within 3 business days.

Will this business feature any of the following:

Patron Dancing?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Karaoke?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
Live Bands?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	DJ?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
Amplified music?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Games?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
Adult Entertainment?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Four or more pool tables?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No
After hours?	<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No			

*May require a Conditional Use Permit

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

1. I have the capability, qualifications and reliability to hold a liquor license because:
All of our employees will be required to attend the basic liquor training course.

2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:
We would like to continue to offer an alcoholic beverage if our patrons choose to have one.

3. Please describe your business:
Casual restaurant

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: Rhonda Rodriguez

Signature: Rhonda Rodriguez

Date: 4.17.14

Submit

Planning, Neighborhood and Transportation Division

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

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT *Complete Section 5*
☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☒ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): Series 12

2. Total fees attached: \$

Department Use Only

150.00

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

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

- ☒ Mr. Nations Randy D. P1002484
☐ Ms. Last First Middle
1. Owner/Agent's Name: (Insert one name ONLY to appear on license)
2. Corp./Partnership/L.L.C.: CIFIC Restaurant Group LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: The Local Tap & Table
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 2730 N Scottsdale Rd Scottsdale Maricopa 85257
(Do not use PO Box Number) City County Zip
5. Business Phone: Pending Daytime Phone: 480-730-2675 Email: rhonda@azlic.com
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: P O Box 2502 Chandler AZ 85244
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: 00.00 Application 50.00 Interim Permit Site Inspection 150.00 Finger Prints \$
TOTAL OF ALL FEES

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

Accepted by: JB Date: 03-04-14 Lic. # 12079831

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. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

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

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ day of _____, _____
Day Month Year

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

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

) Y R A S S E C E N F I T

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

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

☐ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.☒ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.1. Name of Corporation/L.L.C.: CIFC Restaurant Group LLC

(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 8/19/2013 State where Incorporated/Organized: AZ

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

4. AZ L.L.C. File No: L-1867892-3 Date authorized to do business in AZ: 8/20/20135. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO

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

Last	First	Middle	Title	Mailing Address	City	State	Zip
Beaugy	Daniel	James	Member	8614 E Solano Dr Scottsdale AZ 85250			
Nelson	Christopher	Jennings	Member	5043 N 83rd St Scottsdale AZ 85250			
Gutierrez	David	Michael	Member	1000 E Weber Dr Tempe AZ 85281			
Reyes	Michael	Anthony	Member	3933 E Shangri La Rd Phoenix AZ 85028			

(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
Beaugy	Daniel	James	30	8614 E Solano Dr Scottsdale AZ 85250			
Nelson	Christopher	Jennings	30	5043 N 83rd St Scottsdale AZ 85250			
Gutierrez	David	Michael	30	1000 E Weber Dr Tempe AZ 85281			
Reyes	Michael	Anthony	10	3933 E Shangri La Rd Phoenix AZ 85028			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

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

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

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

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street _____
(Other than business) City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

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

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
b) Hotel/motel license (§ 4-205.01)

- c) Government license (§ 4-205.03)
d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: _____ ft. Name of school _____
Address _____
City, State, Zip _____
2. Distance to nearest church: _____ ft. Name of church _____
Address _____
City, State, Zip _____
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name 2730 Scottsdale Partners LLC
Address 7527 E First Street Scottsdale AZ 85251
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ 7,083.33 What is the remaining length of the lease 5 yrs. mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other Still owe term
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 200,000.00
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
Wings Financial Bank			200,000.00	8101 34th Ave S	Bloomington MN	55425

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

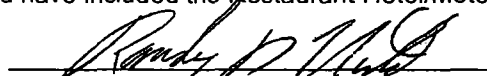
SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name.
- License # _____ (exactly as it appears on license) Name _____

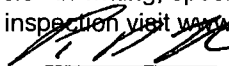
SECTION 14 Restaurant or hotel/motel license applicants:

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:

Last First Middle and license #: _____
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.


applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.


applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
- | | | |
|--|---|---|
| <input type="checkbox"/> Entrances/Exits | <input type="checkbox"/> Liquor storage areas | Patio: <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows | <input type="checkbox"/> Drive-in windows | <input type="checkbox"/> Non Contiguous |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☒ YES ☐ NO
If yes, what is your estimated opening date? 4/2014
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

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


applicants initials

SECTION 15 Diagram of Premises

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


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

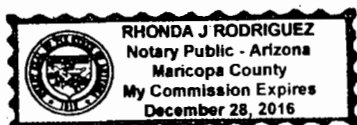
See
attached

14 FEB 4 11:41 AM '14

SECTION 16 Signature Block

I, Randy D. Nations, hereby declare that I am the OWNER/AGENT filing this
(print full name of applicant)
application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

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




My commission expires on : _____
Day Month Year

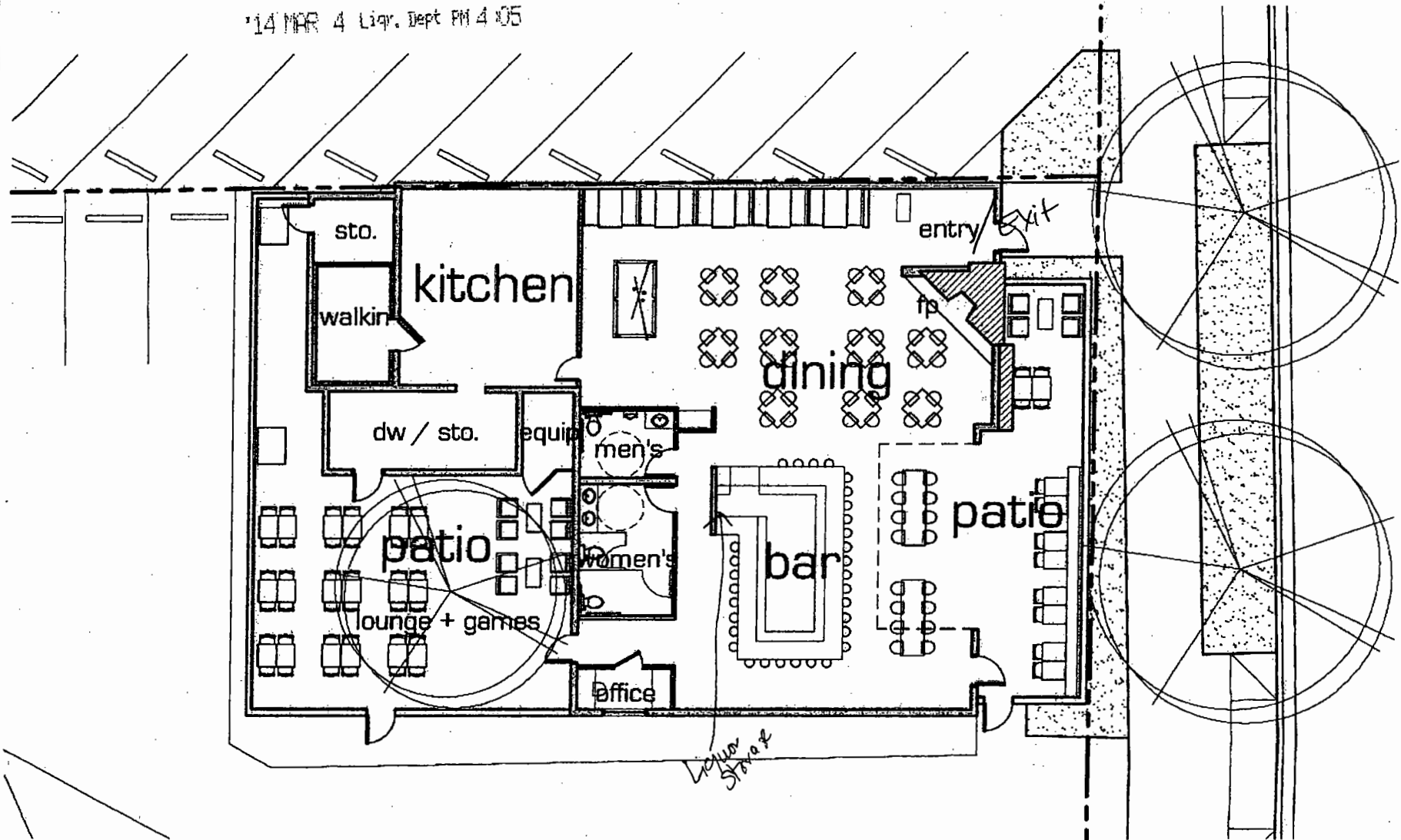
State of Az County of Maricopa

The foregoing instrument was acknowledged before me this

28 of February, 2014
Day Month Year


signature of NOTARY PUBLIC

*14 MAR 4 Ligr. Dept PM 4 05



2730 south scottsdale road



Approx 5500 sq. ft.

date: november 25, 2013

scale: 1" = 10'-0"

sheet reference: n/a

7340 east main street #220
scottsdale, az 85251
480.223.7359
www.alinedesignstudio.com

architecture . concepts

aline

The Local Tap & Table

a.m. / p.m. menu- All Day

Griddle

Malted waffle with butter and maple syrup \$5

Pancakes with butter and syrup \$5

Blueberry pancakes with powdered sugar and
syrup \$6

Stuffed French toast with glazed
apples, butter and syrup \$5

Stuffed French toast with caramelized
bananas and pecans \$7

Cinnamon chocolate syrup \$1

Eggs and Skillets

Huevos Rancheros

Migas

Southwest Green Chiles, cheese, and
scallions

Ham and cheese

\$9

"Big Red" Oven Goods

Razz cherry Muffins with vanilla crème and
honey \$4

Blueberry muffins with lemon curd \$4

House Made Biscuits \$4

Sides

Grits

Oatmeal

Pork Sausage gravy and Biscuits

Sausage, ham steak, or bacon

\$3

Hash browns, country potatoes, or tater tots \$2

One egg, any style \$1

One pancake \$2

Corned beef hash \$3

Wheat, white, or sourdough toast \$1.50

Side of apple butter \$1

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The Local Tap & Table

a.m. / p.m. menu- All Day

Stuffed Burgers

-8 oz CAB Beef served with Deep Sautéed Veggies or Fries

The Big Cheese- White Cheddar, Pickle, Onion,
Jalapeno Mayo 11

Triple D- Avocado, Bacon Bits, and Pickle
Jalapenos, topped with a Fried Egg 12

The - Stuffed with Mozzarella & Sundried Tomato's,
Basil Mayo 11

The Cartel- Stuffed Chorizo Carnitas & House Pico
11

House Plates

Chicken fried steak with country gravy and fried
egg \$8

City Slicker -Lox, eggs, and onions with choice of
potato and toast \$10

Smoked salmon with capers, chilled asparagus and
crème \$10

Two eggs, bacon, and cheese between layers of hash
brown
\$8

Ham steak with redeye gravy and choice of potato \$9

Sandwich of ham, cheese, green pepper, onion, and
spicy sauce and choice of potato \$7

Brioche with spinach, fried egg, and bacon sauce
\$9

Two egg breakfast: Two eggs any style with bacon
and hash browns \$7

Three eggs with steak, caramelized onions and
chiles; choice of potato \$9

Three eggs with wild mushrooms and herbs and choice
of Potato \$8

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The Local Tap & Table

a.m. / p.m. menu- All Day

Kid's Menu

Kid's egg, tater tots, and one piece of toast	\$3
Add bacon, 2 sausage, or one piece ham	\$2
Chocolate waffle with powdered sugar	\$3
Chocolate chip pancakes	\$3
M&M Pancakes	\$3
Reese's Pancakes	\$3
Kid's size tater tots	\$1
Cold cereal	\$2
Kid's Mimosa (sparkling apple cider)	\$3
Kid's Latte (hot chocolate milk)	\$3

Drinks

Iced coffee with cinnamon, sweetened condensed Milk, and cardamom with mint garnish	\$3
Fresh lemonade with mint	\$3
Strawberry lemonade	\$3
Fresh juice; orange or grapefruit	\$3
Cranberry juice, milk	\$3
Sodas, iced tea	\$2
Espresso	\$3.25
Cappuccino	\$3.25
Latte	\$3.25
Coffee	\$2.25
Hot teas	\$3.25
Hot cocoa	\$3.25

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