

CITY COUNCIL REPORT



Meeting Date: August 19, 2013
 General Plan Element: *Land Use*
 General Plan Goal: *Encourage high quality retail and entertainment*

ACTION

Bar Liquor License Request for Spanish Fly 46-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 6 (bar) State liquor license for an existing location and new owner.

OWNER

Scottsdale Boondocks LLC

APPLICANT CONTACT

Randy Nations

LOCATION

4341 N 75th St

BACKGROUND

This request is for a Person and Location Transfer of a Series 6 (bar) liquor license. This has been a licensed location since 1992, currently operating with liquor as Spanish Fly.

The zoning for this site is Downtown District, Office/Residential Type 2, Downtown Overlay (D/OR-2 DO), which allows bars with a conditional use permit. This establishment is 6,780 sq. ft. including an existing 2,961 sq. ft. patio.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 6 (bar) liquor license. This allows a bar retailer to sell and serve spirituous liquors, 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 11:00 a.m. to 2:00 a.m. and; 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.

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.

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 Unit, 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

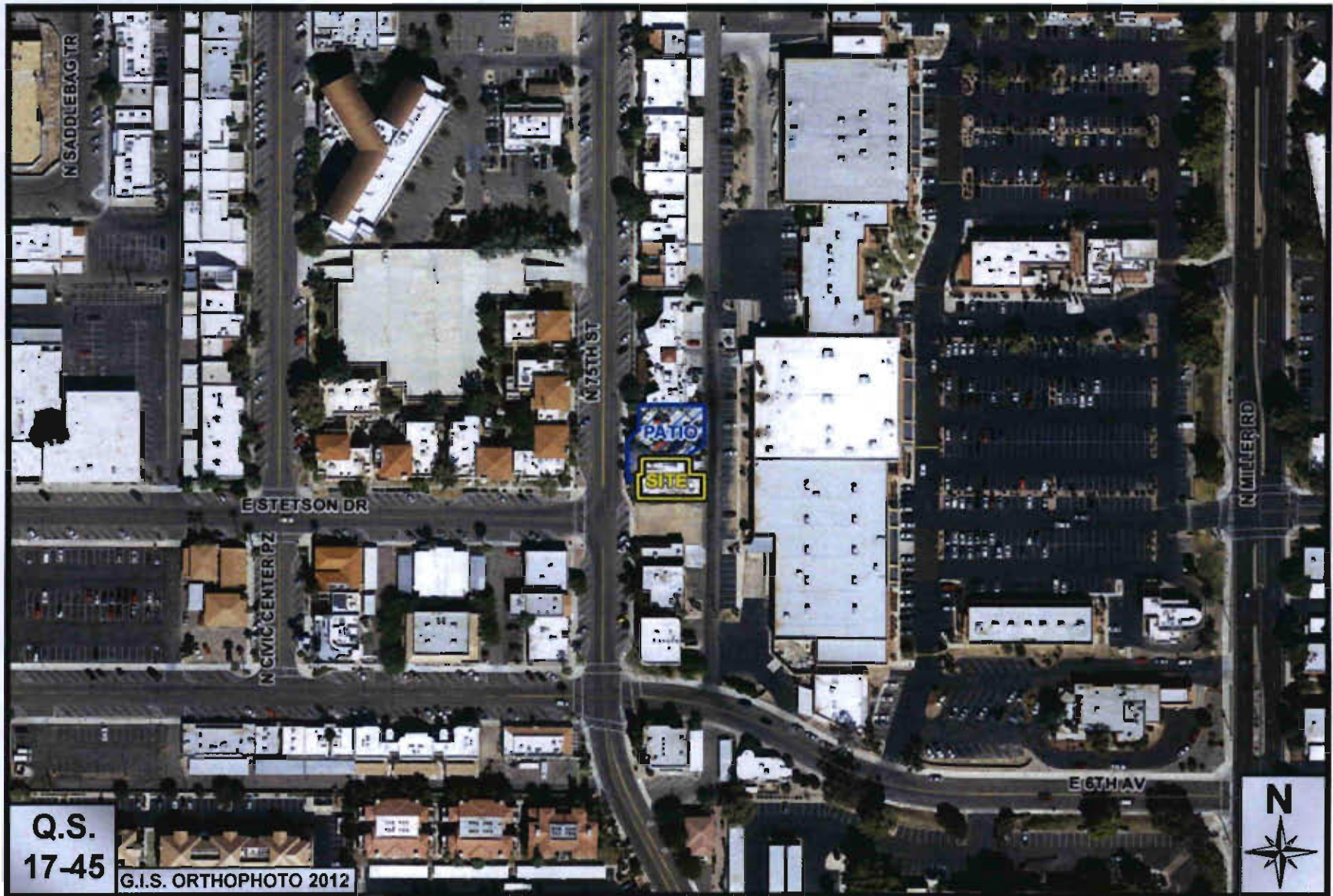
 7/11/2013

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

 7/16/13

ATTACHMENTS

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



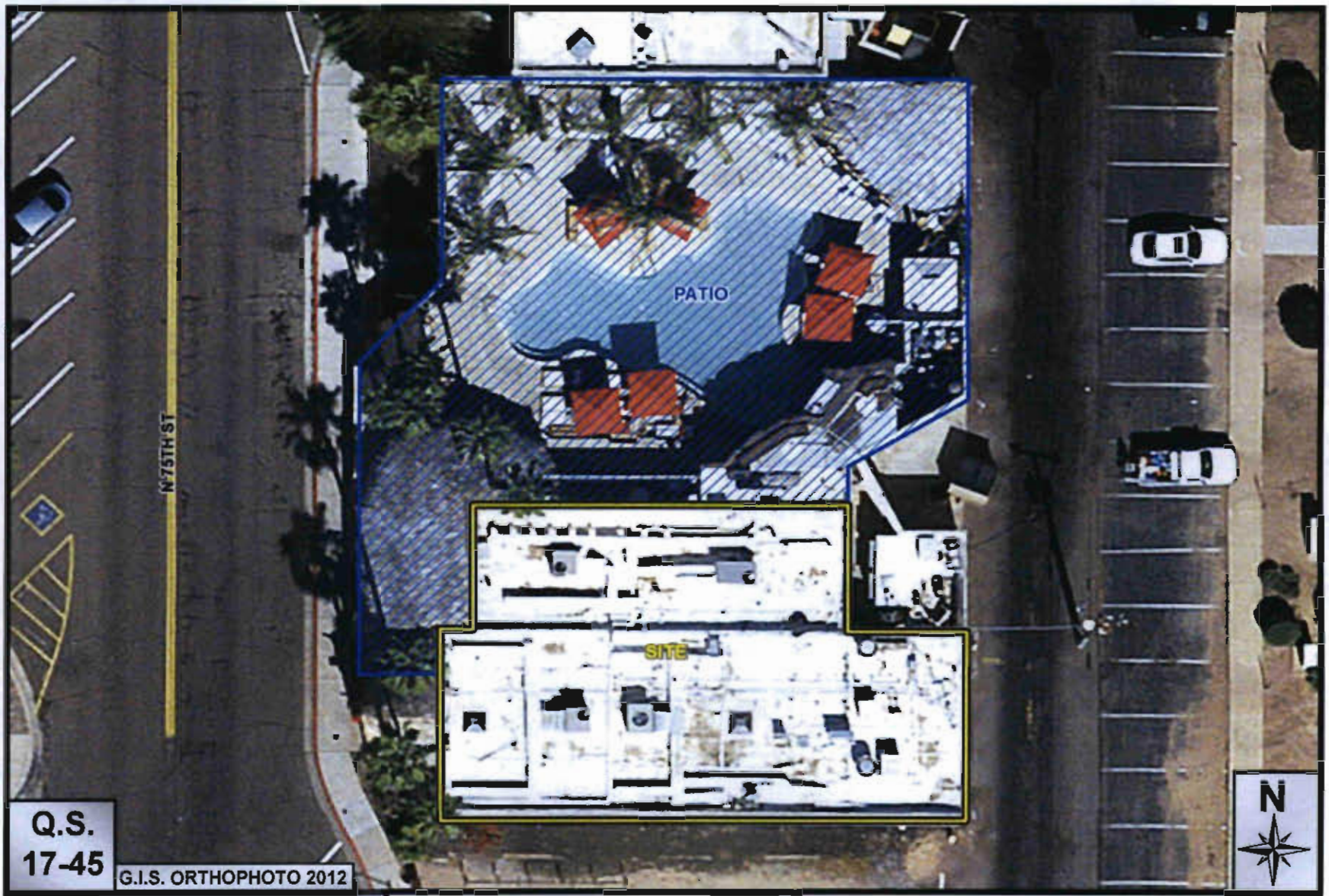
Q.S.
17-45

G.I.S. ORTHOPHOTO 2012

46-LL-2013

Spanish Fly

ATTACHMENT #1



Q.S.
17-45

G.I.S. ORTHOPHOTO 2012

46-LL-2013

Spanish Fly

ATTACHMENT #2



Liquor License Questionnaire

Please complete all questions and return within 3 business days.

Name of Business: Spanish Fly

Business Address: 4341 N. 75th St. Scottsdale, Arizona 85251

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

Total Gross Square Footage of Establishment: 9,600 sf

Was there a previous business at this location? Yes No
If yes, list the previous business: Spanish Fly

Was liquor sold at this location prior to this application? Yes No
If yes, what type of license? Series 06

Is this business currently open? Yes No

If yes, is this business operating with an interim license? Yes No

If no, what is the proposed opening date? _____

Is this business under construction or being remodeled? Yes No

Does this business have an existing patio? Yes No Dimensions of patio 5,451 sf

Does this business have a proposed patio? Yes No Dimensions of patio _____

How many parking spaces are allocated to your business? Multiple

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? open to 10 pm

During what hours will the establishment offer liquor sales? 11-2am except Tues 11-10pm

Gross square footage of kitchen: 350 sf

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

Gross square footage of bar service area: 630 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 questions and return within 3 business days.

Will this business feature any of the following:

- | | | | | | |
|----------------------|--|--|---------------------------|--|--|
| Patron Dancing? | <input checked="" type="checkbox"/> Yes* | <input type="checkbox"/> No | Karaoke? | <input type="checkbox"/> Yes* | <input checked="" type="checkbox"/> No |
| Live Bands? | <input checked="" type="checkbox"/> Yes* | <input type="checkbox"/> No | DJ? | <input checked="" type="checkbox"/> Yes* | <input type="checkbox"/> No |
| Amplified music? | <input checked="" type="checkbox"/> Yes* | <input 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.

- I have the capability, qualifications and reliability to hold a liquor license because:
All of our employees are trained in responsible liquor service and go through regular audits to ensure they comply.
- The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:
This is an existing business, it is simply a change in ownership.
- Please describe your business:
It will be a bar and restaurant suitable for day and night time.

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: Miranda Bustamante Signature: [Signature] Date: 06/21/13

Submit

Planning, Neighborhood and Transportation Division

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

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

46-LL-2013

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): 06070240

1. Type of License(s): Serles 06

2. Total fees attached:

Department Use Only
\$ 288.00

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
 1. Owner/Agent's Name: Ms. Nations Randy D.
 (Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Scottsdale Boondocks LLC B1050295
 (Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Spanish Fly B1011053
 (Exactly as it appears on the exterior of premises)
4. Principal Street Location: 4341 N. 75th St. Scottsdale Maricopa 85251
 (Do not use PO Box Number) City County Zip
5. Business Phone: 480-949-8454 Daytime Phone: 480-730-2675 Email: miranda@azllc.com
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: PO Box 2502 Chandler Arizona 85244
 City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: Application \$ 100.00 Interim Permit \$ 100.00 Site Inspection _____ Finger Prints \$ 88.00
 TOTAL OF ALL FEES \$ 288.00

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

Accepted by: [Signature] Date: 6/3/12 Lic. # 06070240

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, 06070240
4. Is the license currently in use? YES NO If no, how long has it been out of use? _____

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

I, Randy D. Nations, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X *Randy D Nations*
(Signature)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

13th day of June, 2013
Day Month Year

My commission expires on: _____



Miranda Bustamante
(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#

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES

AND CONTROL

ALCOHOLIC BEVERAGE LICENSE

License 06070240

Issue Date: 3/16/2009

Expiration Date: 1/31/2014

Issued To:

RANDY D NATIONS, Agent
DRIFT-PACIFIC ISLAND FUSION LOUNGE & RESTAURANT LLC, Owner

Bar

Mailing Address:

RANDY D NATIONS
DRIFT-PACIFIC ISLAND FUSION LOUNGE & RESTAURANT LLC
SPANISH FLY
P O BOX 2502
CHANDLER, AZ 85244

Location:

SPANISH FLY
4341 N 75TH ST
SCOTTSDALE, AZ 85251

EXP 1/31/2014



POST THIS LICENSE IN A CONSPICUOUS PLACE

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.: Scottsdale Boondocks LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 03/12/13 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1830903-1 Date authorized to do business in AZ: 03/15/13
5. 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
Off Piste LLC			Manager	6816 E. 6th St. Scottsdale, AZ 85251	

(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
Off Piste LLC			90%	6816 E. 6th St. Scottsdale, AZ 85251	
Slenamont Innovatlons LLC			10%	202 Circulo Silva Rio Rico, AZ 85648	

(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)

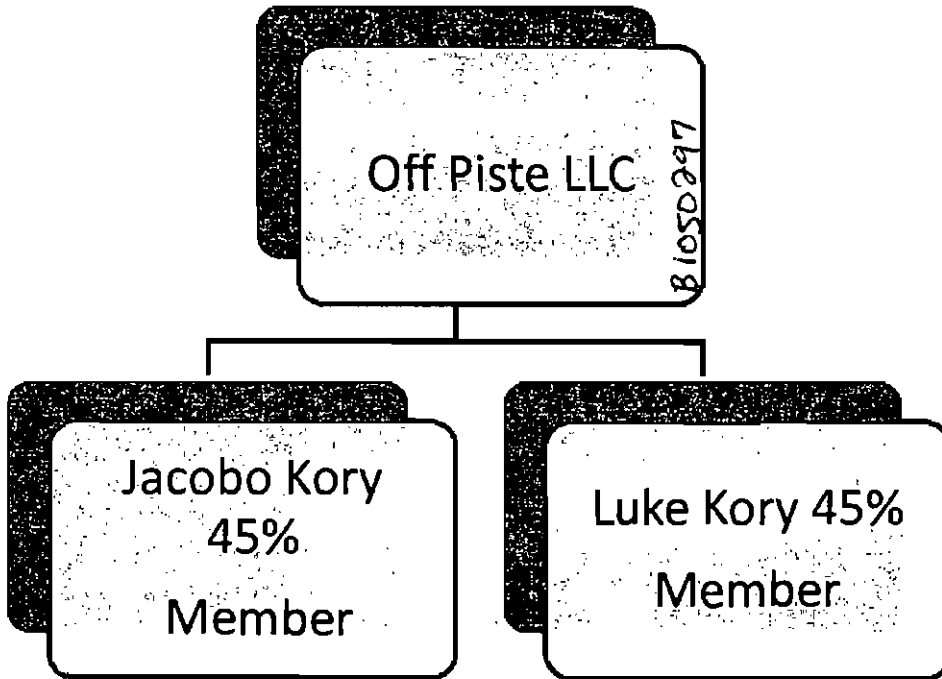
2. Is club non-profit? YES NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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No one else owns 10% or more of the diluted stock

Sienamont Innovations
LLC
B1050798

Marco Guevara Jr.
100%
Managing
Member

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: Nations Randy D. Entity: Agent
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
- 2. Corporation/L.L.C. Name: Drift-Pacific Island Fusion Lounge & Restaurant LLC
(Exactly as it appears on license)
- 3. Current Business Name: Spanish Fly
(Exactly as it appears on license)
- 4. Physical Street Location of Business: Street 4341 N. 75th St.
City, State, Zip Scottsdale, Arizona 85251
- 5. License Type: Series 06 License Number: 06070240
- 6. If more than one license to be transferred: License Type: _____ License Number: _____
- 7. Current Mailing Address: Street PO Box 2502
(Other than business) City, State, Zip Chandler, Arizona 85244

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

I, Greg Donnelly, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

Greg Donnelly
(Signature of CURRENT LICENSEE)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this 03 Day April 2013 Year

My commission expires on: 04-07-16

Michelle Patton
(Signature of NOTARY PUBLIC)



13 JUN 3 11:47 AM '13

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? _____

13 JUN 3 11:41 AM '24

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: .6MI ft. Name of school Our Lady of Perpetual Help Catholic School
Address 3801 N. Miller Rd. Scottsdale, Arizona 85251
City, State, Zip _____

2. Distance to nearest church: .5MI ft. Name of church Our Lady of Perpetual Help Church
Address 7655 E. Main St. Scottsdale, Arizona 85251
City, State, Zip _____

3. I am the: Lessee Sublessee Owner Purchaser (of premises)

4. If the premises is leased give lessors: Name Mal & Flip LLC
Address 8009 N. 66th St. Paradise Valley, Arizona 85254
City, State, Zip _____

4a. Monthly rental/lease rate \$ 11,400.00 What is the remaining length of the lease 10 yrs. 0 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? \$ 220,000.00
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
Raymond	Kory		\$220,000.00	2930 N. Country Club Dr.	Noqales, Arizona	85621

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

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 # 06070240 (exactly as it appears on license) Name Randy D. Nations

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:
 _____ and license #: _____
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 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:
 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? YES NO
 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 spintous 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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LIC. DIV.

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 ↑.

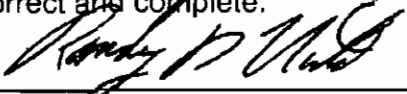
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

Diagram attached

13 JUN 9 10:41 AM '13

SECTION 16 Signature Block

I, Randy D. Natlons, hereby declare that I am the OWNER/AGENT filing this 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)

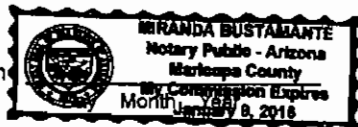
State of Arizona County of Maricopa

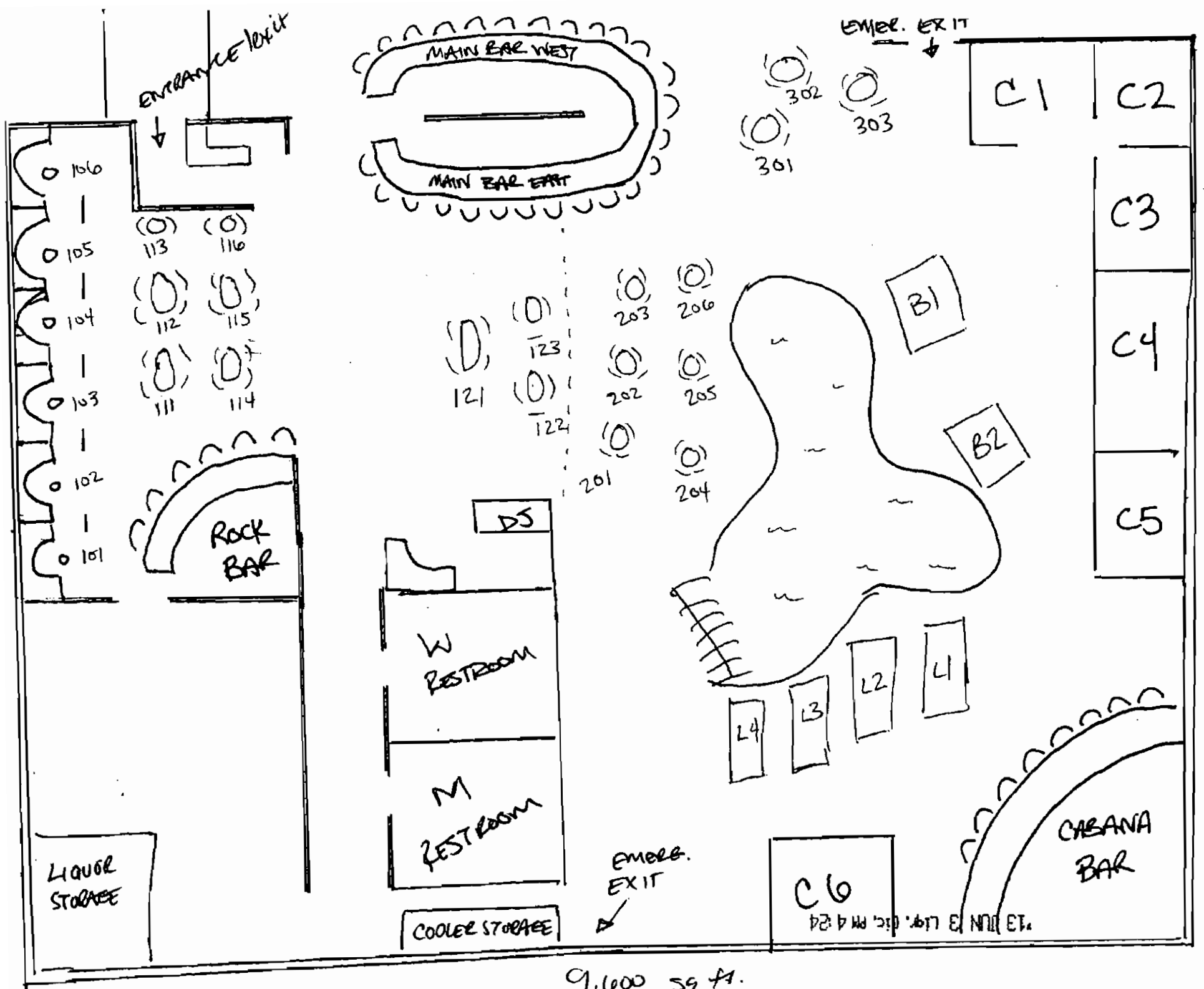
The foregoing instrument was acknowledged before me this

1st of June, 2013
Day - Month Year


signature of NOTARY PUBLIC

My commission expires on





9,600 sq ft.