

CITY COUNCIL REPORT



Meeting Date: March 5, 2013
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses*

ACTION

Beer and Wine Store Liquor License Request for 99cent Only Store #164 6-LL-2013. To consider forwarding a recommendation to the Arizona Department of Liquor Licenses and Control for a Series 10 (beer and wine store) State liquor license for a new location and new owner.

OWNER

99 cents Only Stores of California, Inc.

APPLICANT CONTACT

Randy Nations

LOCATION

7919 E Thomas Rd

BACKGROUND

This request is for a Series 10 (beer and wine store) liquor license.

The distance to the nearest school, First Impression Pre-School, is 1,461 feet.

The distance to the nearest religious facility, Hindu Temple of AZ , is 1,352 feet.

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

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 10 (beer and wine store) liquor license. This allows a liquor store retailer to sell beer and wine, only in the original package, to be taken away from the premises of the retailer and consumed off the premises.

Action Taken _____

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 Development Information.

This establishment is 22,214 sq. ft. in size.

Zoning.

This site is zoned Central Business District (C-2). The C-2 district allows retail sales.

Parking.

The existing retail store is not expanding and the sale of spirituous liquor itself does not increase parking demand. Parking is in compliance with the zoning ordinance.

Public Safety Division

Police Department: Recommendation Approval

Major life safety issues: None noted.

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

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

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

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

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

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

1. Petitions and testimony from persons who are in favor of or opposed to the issuance of a

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

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

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

Staff Recommendation

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

Next Steps

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

RESPONSIBLE DEPARTMENT(S)

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

Ronald Bayne, Lieutenant, Patrol Enforcement Section, rbayne@scottsdaleaz.gov
Public Safety Division


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

APPROVED BY

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

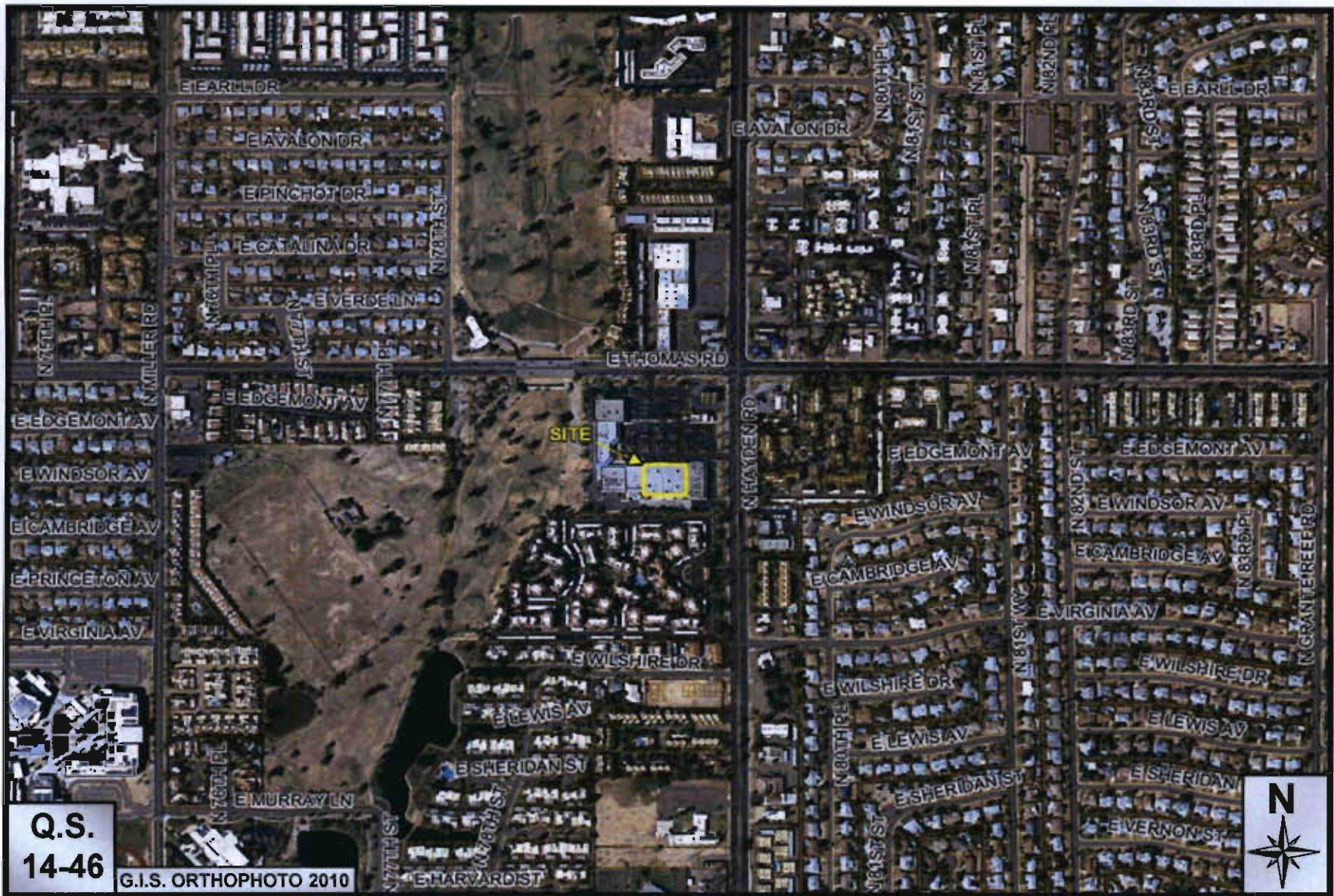
 2/15/2012

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

 2/18/13

ATTACHMENTS

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



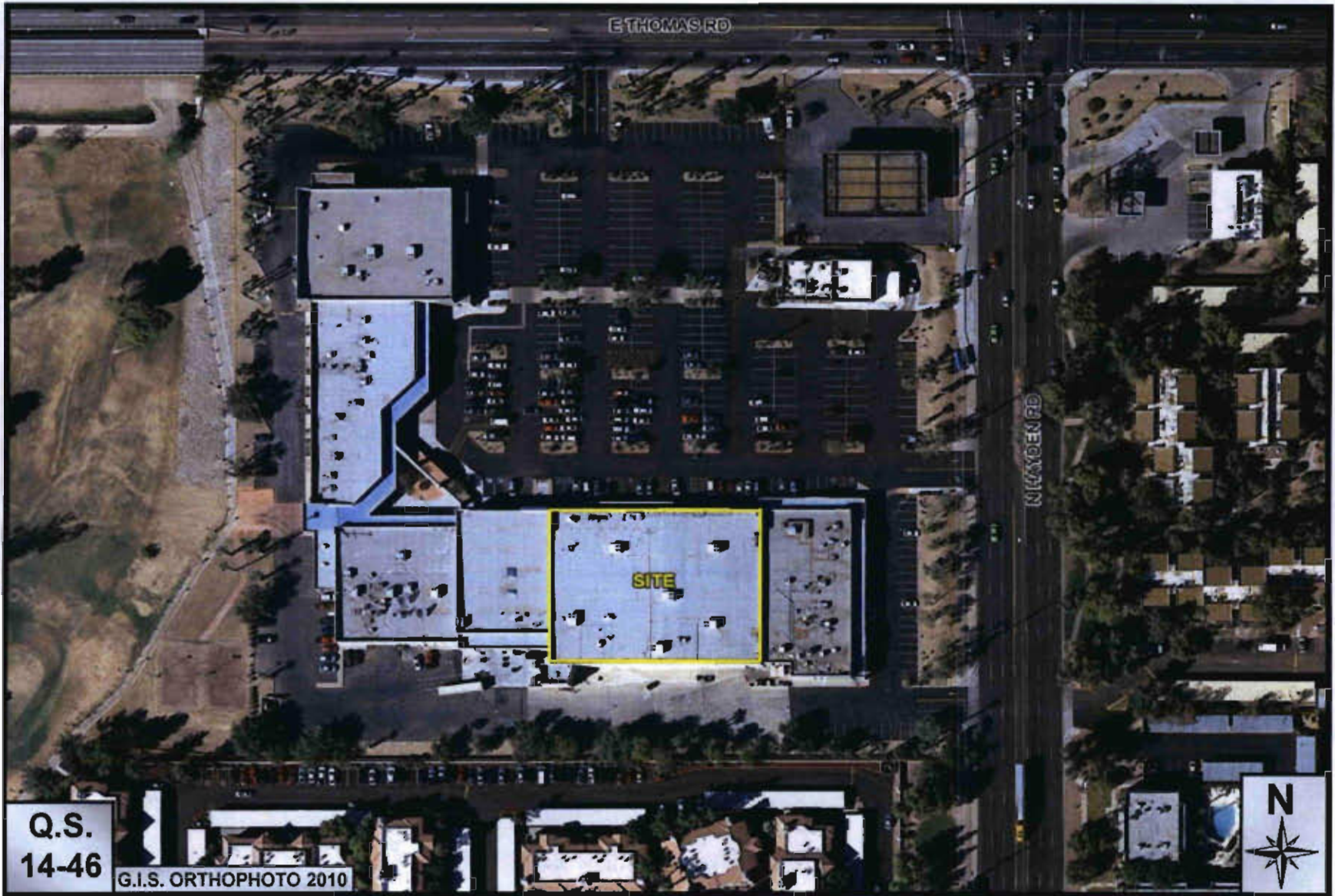
Q.S.
14-46

G.I.S. ORTHOPHOTO 2010

6-LL-2013

99 Cent Store

ATTACHMENT #1



Q.S.
14-46

G.I.S. ORTHOPHOTO 2010



6-LL-2013

99 Cent Store

ATTACHMENT #2

Liquor Licenses Within A Half-Mile Radius of 7919 E Thomas Rd.



LEGEND

- Private School
- Public School
- Church

Legend

Licensed Locations, Count by Series Within a half-mile radius of site

- 2 - Bar (Series 6)
- 2 - Beer & Wine Bar (Series 7)
- 1 - Liquor Store (Series 9)
- 6 - Beer/Wine Store (Series 10)
- 1 - Restaurant (Series 12)

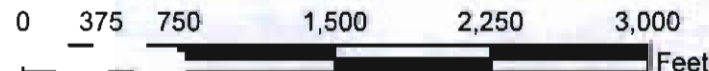
Date: 2/14/2013

Total Licenses in Half-Mile Buffer = 12

Note: Liquor License location information is from the Arizona Dept. of Liquor Licenses and Control, and may not represent the exact location of establishments. Data is updated regularly and this map is sometimes printed weeks prior to City Council meetings.

6-LL-2013

Attachment #3





Liquor License Questionnaire

(Retail/Wholesale Operations Series 4,9,10)

Please complete all questions and return within 3 business days.

Name of Business: 990 Only Store #104

Business Address: 7919 E Thomas Rd

Type of Business (wholesale, retail) General Merchandise

Total Gross Square Footage of Establishment: 22,241

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

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

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? Yes No

Is this being remodeled? Yes No

How many parking spaces are allocated to your business? 50+

Does this business have a drive thru window? Yes No

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:
We currently have liquor licenses in CA & TX. All of our employees will attend the basic liquor class.

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 make it more convenient for our customers while shopping for their basic goods.

3. Please describe your business:
General Merchandise 990 Store

Planning, Neighborhood and Transportation Division

7447 E Indian School Road, Suite 105, Scottsdale, AZ 85261 • Phone: 480-312-7000 • Fax: 480-312-7088



Liquor License Questionnaire

(Retail/Wholesale Operations Series 4,9,10)

Please complete all questions and return within 3 business days.

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.

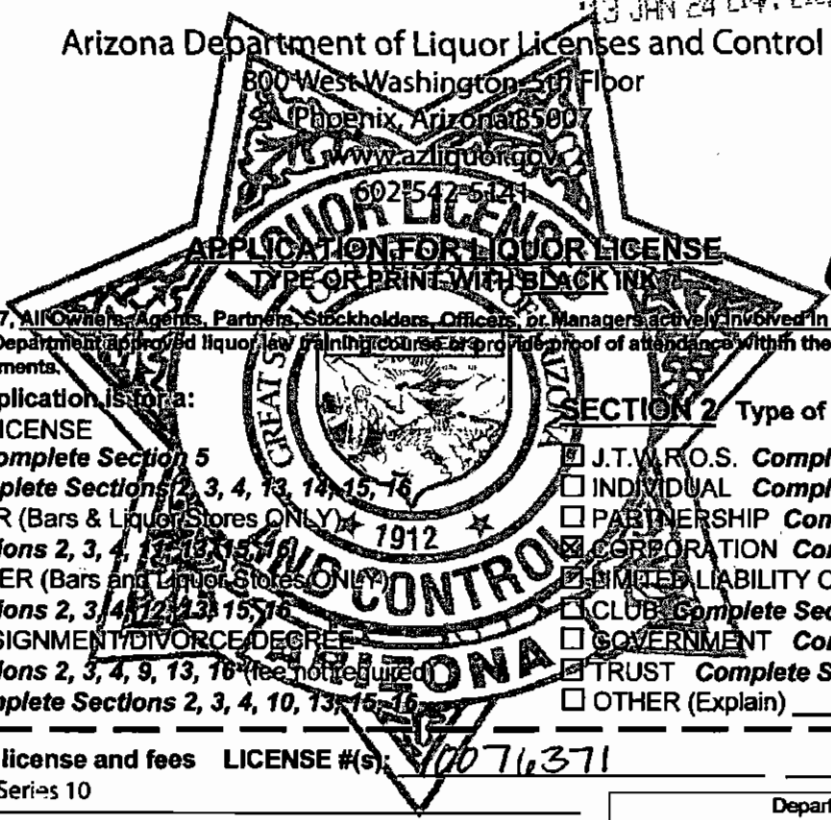
Print Name: Rhonda Rodriguez Signature: Rhonda Rodriguez Date: 2-6-13

Submit

13 JAN 24 LIQ. LIC. PM 3:42

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov



6-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, 13, 14, 15, 16*
- LOCATION TRANSFER (Bars and Liquor Stores ONLY) *Complete Sections 2, 3, 4, 13, 14, 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): 10076371

1. Type of license(s): Series 10

2. Total fees attached: \$ _____

Department Use Only

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

1. Owner/Agent's Name: Mr. Nations Randy D.
(Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: 99 Cents Only Stores of California, Inc.
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: ^{cent} 99¢ Only Store #164
(Exactly as it appears on the exterior of premises)

4. Principal Street Location 7919 E Thomas Rd Scottsdale Maricopa 85251
(Do not use PO Box Number) City County Zip

5. Business Phone: 480-946-7999 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: Application 100.00 Interim Permit _____ Site Inspection _____ Finger Prints \$ 100.00

TOTAL OF ALL FEES

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

Accepted by: [Signature] Date: 1/24/2013 Lic. # 10076371

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.

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- CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**
- L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**

1. Name of Corporation/L.L.C.: 99 Cents Only Stores of California, Inc.
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 4/20/2001 State where Incorporated/Organized: California
3. AZ Corporation Commission File No.: F-0986596-3 Date authorized to do business in AZ: 4/20/2001
4. AZ L.L.C. File No.: _____ Date authorized to do business in AZ: _____
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
Gold	Jeff	Joel	President	4000 Union Pacific Avenue	City of Commerce CA 90023
Gold	Howard	Murl	VP	4000 Union Pacific Avenue	City of Commerce CA 90023
Schiffer	Eric	James	CEO Dir	4000 Union Pacific Avenue	City of Commerce CA 90023

(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
Number Holdings, Inc.			100	4000 Union Pacific Avenue	City of Commerce CA 90023

(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)

Number Holdings, Inc.

Stockholders:

Name	% Owned	Mailing Address
Ares Corporate Opportunities Fund III, L.P.	52.82% Class A Common Stock	2000 Avenue of the Stars, 12 th Floor Los Angeles, CA 90067
CPP Investment Board (USRE II) Inc.	31.45% Class A Common Stock	One Queen Street East Toronto, ON M5C 2W5 Canada

No other person or entity owns 10% or more

see attached officer list. same as 99 cents only stores of California, Inc.

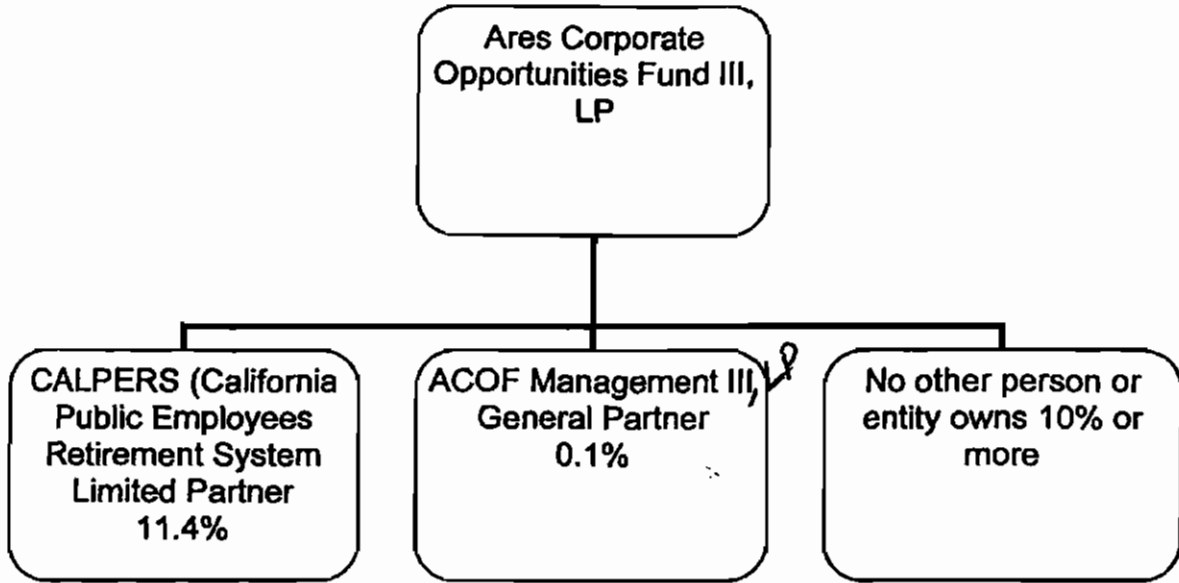
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Number Holdings Inc Officer List

Jeff Joel Gold- President 4000 Union Pacific Avenue Commerce CA 90023

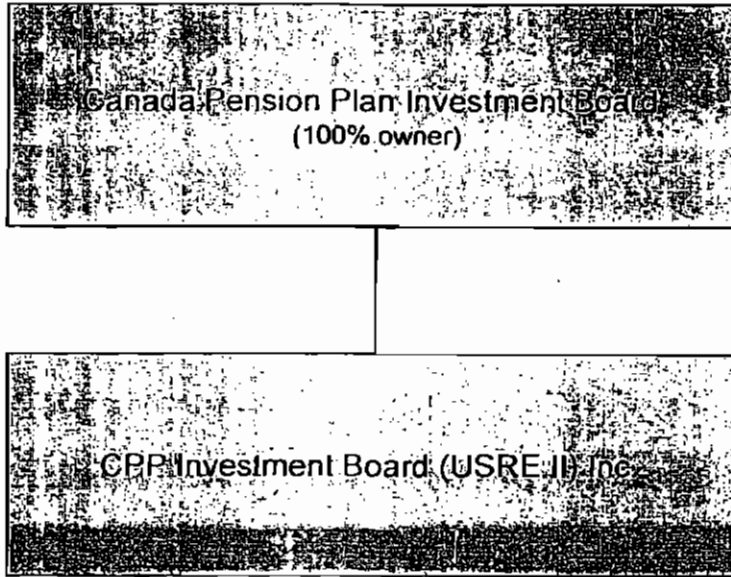
Howard Murl Gold- VP 4000 Union Pacific Avenue Commerce CA 90023

Eric James Schiffer-CEO 4000 Union Pacific Avenue Commerce CA 90023



Information contained herein not to be shared or distributed outside of the Arizona Department of Liquor Licenses and Control without the express written consent of 99¢ Only Stores.

Organizational Structure for CPP Investment Board (USRE II) Inc.



*Canada Pension Plan Investment Board ("CPPIB") is a professional investment management organization that invests the funds not needed by the Canada Pension Plan to pay current benefits on behalf of 17 million Canadian contributors and beneficiaries. In order to build a diversified portfolio of CPP assets, CPPIB invests in public equities, private equities, real estate, inflation-linked bonds, infrastructure and fixed income instruments. Headquartered in Toronto, with offices in London and Hong Kong, CPPIB is governed and managed independently of the Canada Pension Plan and at arm's length from governments. At December 31, 2011, the CPP Fund totaled C\$153 billion, of which C\$25 billion was invested in private equity. For more information about CPPIB, please visit www.cppib.ca.

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

My commission expires on: _____

 Day Month Year

 (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: 0.2 Mi ft. Name of school First Impressions Day School
 Address 3110 N Hayden Rd Scottsdale AZ 85251
 City, State, Zip _____
2. Distance to nearest church: 0.2 Mi ft. Name of church Holy Cross Lutheran Church
 Address 3110 N Hayden Rd Scottsdale AZ 85251
 City, State, Zip _____
3. I am the: Lessee Sublessee Owner Purchaser (of premises)
4. If the premises is leased give lessors: Name Indian River Plaza LLC
 Address 6621 N Scottsdale Rd Scottsdale AZ 85250
 City, State, Zip _____
- 4a. Monthly rental/lease rate \$ 18,740.79 What is the remaining length of the lease 6 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other NO Penalty
 (give details - attach additional sheet if necessary)
5. What is the total business indebtedness for this license/location excluding the lease? \$ 0
 Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

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:

_____ 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 spirituous 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

SECTION 16 Signature Block

I, Randy D. Nations, 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 *Randy D. Nations*
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 23rd of January, 2013
Day Month Year

Miranda B. H.
signature of NOTARY PUBLIC

My commission expires on



Site Map

Store # 164

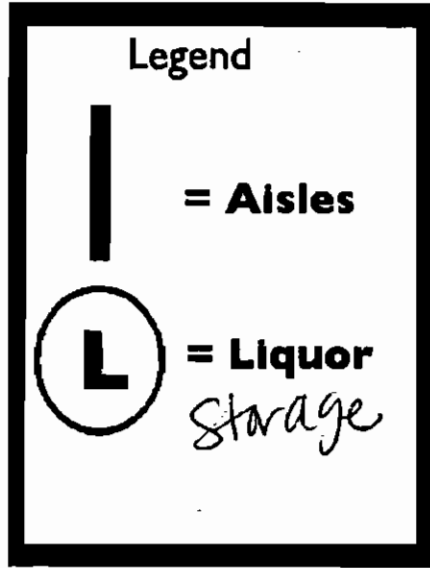
Store Name SCOTTSDALE

Completed by MANUEL B

When complete Fax to: 323-881-3371

BACK ROOM

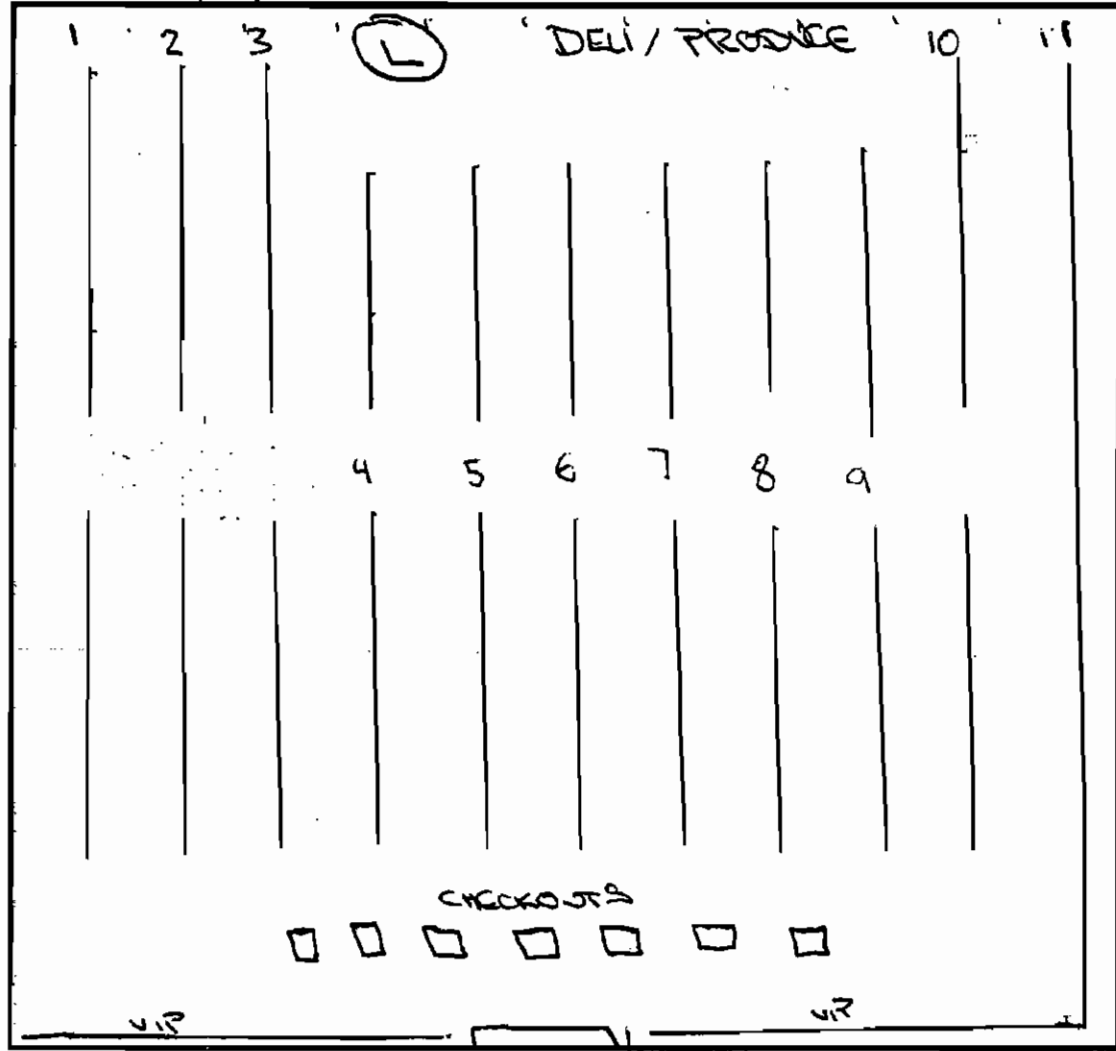
13 JAN 24 11:46 PM '44



NOTES

3 4 FOOT SECTIONS

HIGH GONDOLAS



22 241
59. FT.

* FRONT OF STORE