

CITY COUNCIL REPORT



Meeting Date: March 1, 2016
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses.*

ACTION

Restaurant Liquor License Request for Drexyl 11-LL-2016. 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

CRM Concepts LLC

APPLICANT CONTACT

Randy D. Nations

LOCATION

8877 N Scottsdale Rd Suite 402

BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This has been a licensed location since 2000, most recently operating with liquor as Naya Mediterranean

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 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.

Action Taken _____

IMPACT ANALYSIS

Reliability and Location

A.R.S. Section 4-203.A and R19-1-702 Granting a License for a New Owner for a Certain Location.

The capability, qualifications and reliability of the applicant has been shown.

Restaurant.

A.R.S. Section 4-205.02 and R19-1-206 Criteria for Restaurant Operations.

This owner intends to operate this location as a restaurant according to 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. This establishment is 6,700 sq. ft. in size, including an existing 400 sq. ft. patio. The bar service area is 220 sq. ft. or 4% of gross floor area, and the kitchen area is 1,915 sq. ft. or 30% of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

Zoning.

This site is zoned Central Business District Planned Community (C-2 PCD). The C-2 PCD district allows restaurants. The applicant has been notified of the City's expectation that the business will operate as a restaurant as defined by City Code.

Public Safety

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

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

Public Notice and Proximity

A.R.S. Section 4-201.B. 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 were received during the 20 (twenty) day posting period.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, disapproval 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, disapproval 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 and Development Services

Joseph LeDuc, Lieutenant, jleduc@scottsdaleaz.gov
Public Safety Division

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

APPROVED BY



Tim Curtis, AICP, Current Planning Director
480-312-4210, tcurtis@scottsdaleaz.gov

2/8/2016

Date

 For

Randy Grant, Director
Planning and Development Services
480-312-2664, rgrant@scottsdaleaz.gov

2/9/2016

Date

ATTACHMENTS

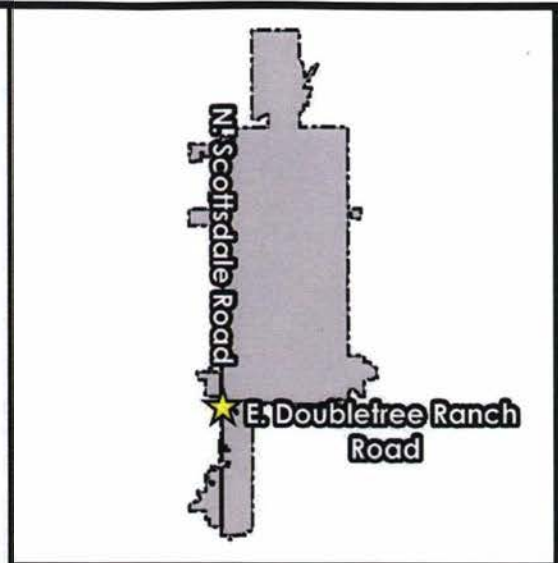
- #1: Map
- #2: City of Scottsdale Applicant Questionnaire
- #3: State Application



Q.S.
26-45

G.I.S. Orthophoto 2014

11-LL-2016



Drexyl



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Name of Business: Drexyl

Business Address: 8877 N Scottsdale Rd #402 Scottsdale AZ 85258

Total Gross Square Footage of Establishment: 6336

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? 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 500

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

For Restaurants, Bars and Restaurants/Bars:

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

Gross square footage of bar service area: 260

(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)

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

Gross square footage of kitchen: 1759

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

During what hours will the establishment provide full kitchen service? 3-11pm starting March hours will be 11am-11pm

During what hours will the establishment offer liquor sales? sun-wed 3-11pm, thur-sat 3-2am (march 11am)

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**

Please check **one** of the following that best describes the primary business operation:

packaged retail restaurant bar personal service education service

manufacturing hotel / tourist accommodation residential facility sports / theater

Planning and Development Services

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



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

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.

- I have the capability, qualifications and reliability to hold a liquor license because:
We will ensure our employees attend the liquor training courses.

- 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 the patrons an alcoholic beverage if they choose to.

- Please describe your business:
casual

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: [Signature] Date: 2.1.16

Submit

Planning and Development Services

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 W Washington 5th Floor
 Phoenix, AZ 85007
 www.azliquor.gov
 (602) 542-5141

16 JAN 26 11P. LIC. RM1022

Application for Liquor License
 Type or Print with Black Ink

- SECTION 1** This application is for a:
- Interim Permit (Complete Section 5)
 - New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
 - Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
 - Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
 - Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
 - Government (Complete Sections 2, 3, 4, 10, 13, 16)
 - Seasonal

- 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)
 - Tribe (Complete Section 6)
 - Other (Explain) _____

11-LL-2010

SECTION 3 Type of license LICENSE # 1207A520
 1. Type of License: Series 12

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
 A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 4 Applicants
 1. Individual Owner/Agent's Name: Nations Randy D.
Last First Middle

2. Owner Name: CRM Concepts LLC B1056016
 (Ownership name for type of ownership checked on section 2)

3. Business Name: Drexyl B1025418
 (Exactly as it appears on the exterior of premises)

4. Business Location Address: 8877 N Scottsdale Rd #402 Scottsdale AZ 85258 Maricopa
 (Do not use PO Box) Street City State Zip Code County

5. Mailing Address: P O Box 2502 Chandler AZ 85244
 (All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: 480-840-1861 Daytime Contact Phone: 480-730-2675

7. Email Address: rhonda@azlic.com

8. Is the Business located within the incorporated limits of the above city or town? Yes No
 9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No
 If Yes, what City, Town or Tribal Reservation is this Business located in: _____

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

Fees:	<u>100</u>	<u>100</u>	<u>50</u>	<u>132-</u>	<u>\$ 382-</u>
	Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Accepted by: <u>M.S.</u> Date: <u>01-26-2010</u> License # <u>1207A520</u>					

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: 12079684
 2. Is the license currently in use? Yes No If no, how long has it been out of use? 7/8/2014

Attach a copy of the license currently issued at this location to this application.

I, See lease and Letter From Property MGMT declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.
 (Print Full Name)

X _____
 (Signature)

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

_____ day of _____
 Day Month Year

My Commission Expires on: _____
 Date

 (Signature of Notary Public)

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

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

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business? Yes No

If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

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

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

16 JAN 26 199. LIC. #101023

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE
License 12079684

Issue Date: 1/16/2014

Expiration Date: 3/31/2016

Issued To:

MALAKE KADRI HAKIMEH, Agent
DAMAS LLC, Owner

Mailing Address:

MALAKE KADRI HAKIMEH
DAMAS LLC
NAYA MEDITERRANEAN CUISINE
8877 N SCOTTSDALE RD #402
SCOTTSDALE, AZ 85253

Location:

NAYA MEDITERRANEAN CUISINE
8877 N SCOTTSDALE RD #402
SCOTTSDALE, AZ 85253

EXP 3/31/2016

POST THIS LICENSE IN A CONSPICUOUS PLACE



the SHOPS gainey village

October 23, 2015

City of Scottsdale.

**RE: 8877 N. Scottsdale Road, Suite 402
Scottsdale, AZ 85253 (the "Premises")**

To Whom It May Concern:

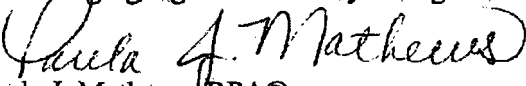
The Lease Agreement with Damas, LLC, an Arizona limited liability company, doing business under the trade name of Naya Restaurant, has been terminated by Landlord, Gainey Village Retail Center, LLC.

Landlord has entered into a Lease Agreement with CRM Concepts, LLC, an Arizona limited liability company, for the Premises.

Please let me know if you have any questions or need additional information.

Sincerely,

MAIN STREET REAL ESTATE ADVISORS
As Managing Agent for Gainey Village Retail Center, LLC


Paula J. Mathews, RPA®
Senior Property Manager

16 JAN 26 199. LIC. RM1025

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

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

Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7

L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C: CRM Concepts, LLC

2. Date Incorporated/Organized: 8/20/2015 State where Incorporated/Organized: Arizona

3. AZ Corporation or AZ L.L.C File No: L-20283156 Date authorized to do Business in AZ: 8.20.15

4. Is Corp/L.L.C. Non Profit? Yes No

5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
IS4110 LLC			Member	9237 E Via de Ventura Ste #110	Scottsdale	AZ	85258
DXL Partners 1 LLC			Member	12779 N 130th PI	Scottsdale	AZ	85259
Hahn	Daniel	James	Member	9237 E Via de Ventura Ste #110	Scottsdale	AZ	85258
Twins Management Inc			Manager	9237 E Via de Ventura Ste #110	Scottsdale	AZ	85258

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
IS4110 LLC			25	9237 E Via de Ventura Ste #110	Scottsdale	AZ	85258
DXL Partners 1 LLC			28	12779 N 130th PI	Scottsdale	AZ	85259
Hahn	Daniel	James	25	9237 E Via de Ventura Ste #110	Scottsdale	AZ	85258
Ahrednt Revocable Trust			15	12779 N 130th PI	Scottsdale	AZ	85259

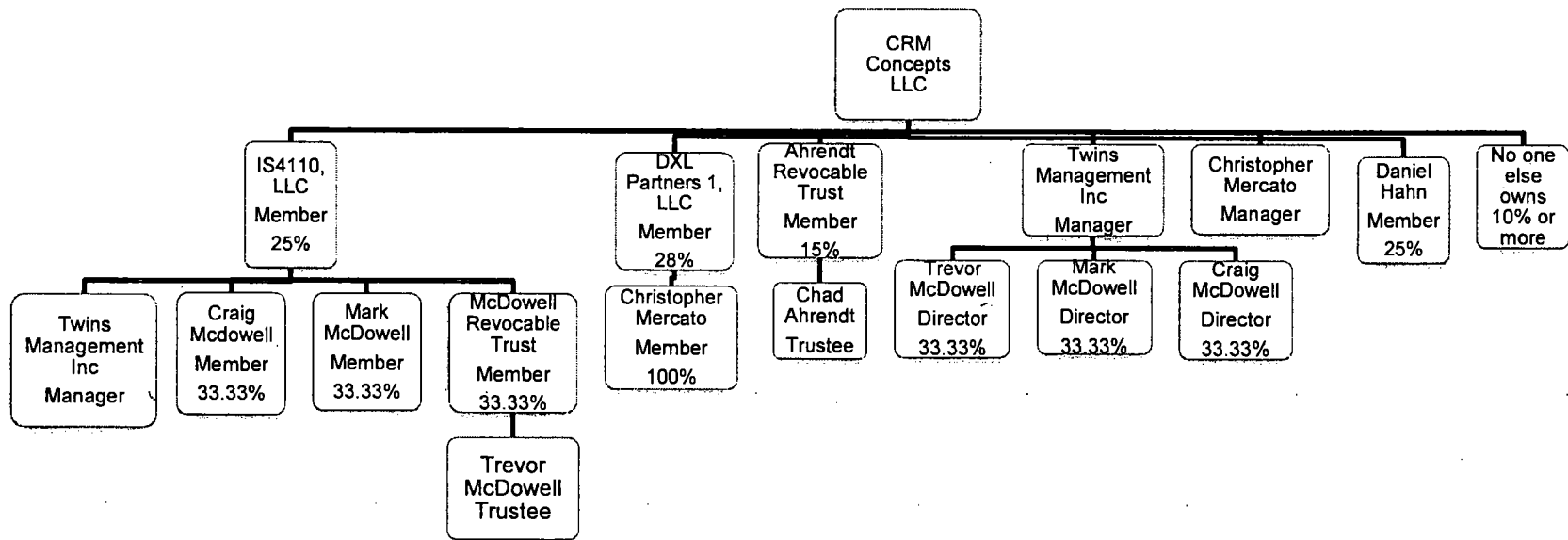
(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

#7 continued

Christopher Robert Mercato Manager 12779 N 130th Pl Scottsdale AZ 85259

No One else owns 10% or more



SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: _____ Entity: _____
Last First Middle (Individual, Agent, Etc)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? Yes No

8. Does the applicant intend to operate the business while this application is pending? Yes No

If yes, complete Section 5 (**Interim Permit**) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) _____ 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, (Print Full Name) _____, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X _____
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of _____ County of _____
State County

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Day Month Year

My commission expires on _____
Day/ Month/Year Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants **EXCLUDING** those applying for a **Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.**

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: **N/A**

- 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: _____ Name of School: _____
 (if less than one (1) mile note footage) Address: _____

2. Distance to nearest Church: _____ Name of Church: _____
 (if less than one (1) mile note footage) Address: _____

SECTION 14 Business Financials

1. I am the: Lessee Sub-lessee Owner Purchaser Management Company

2. If the premise is leased give lessors: Name: Gainey Village Retail Center, LLC
 Address: 801 Grand Ave Des Moines, Iowa 50392-1370
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 18,480.00

4. What is the remaining length of the lease? 10 yrs 0 months

5. What is the penalty if the lease is not fulfilled? \$ _____ or other: 5% of the Overdue amount
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ -0-
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
Full service sit-down restaurant and full service bar

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? Yes No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? Yes No

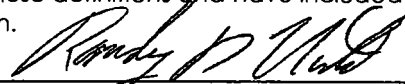
10. Is the premises currently license with a liquor license? Yes No

If yes, give license number and licensee's name:

License #: 12079684 Individual Owner /Agent Name: Hakimeh, Malake Kadvi
(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

- 1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No
- 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 provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this Restaurant Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.


(Applicant's Signature)

5. 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.


(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- Entrances/Exits Liquor storage areas **Patio:** Contiguous
- Walk-up windows Drive-through windows Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? Yes No
If yes, what is your estimated completion date? January 2016

Month/Day/Year

- 2. **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. Place for diagram is on section 16 number 6.
- 3. 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).
- 4. 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 the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.


(Applicant's Initials)

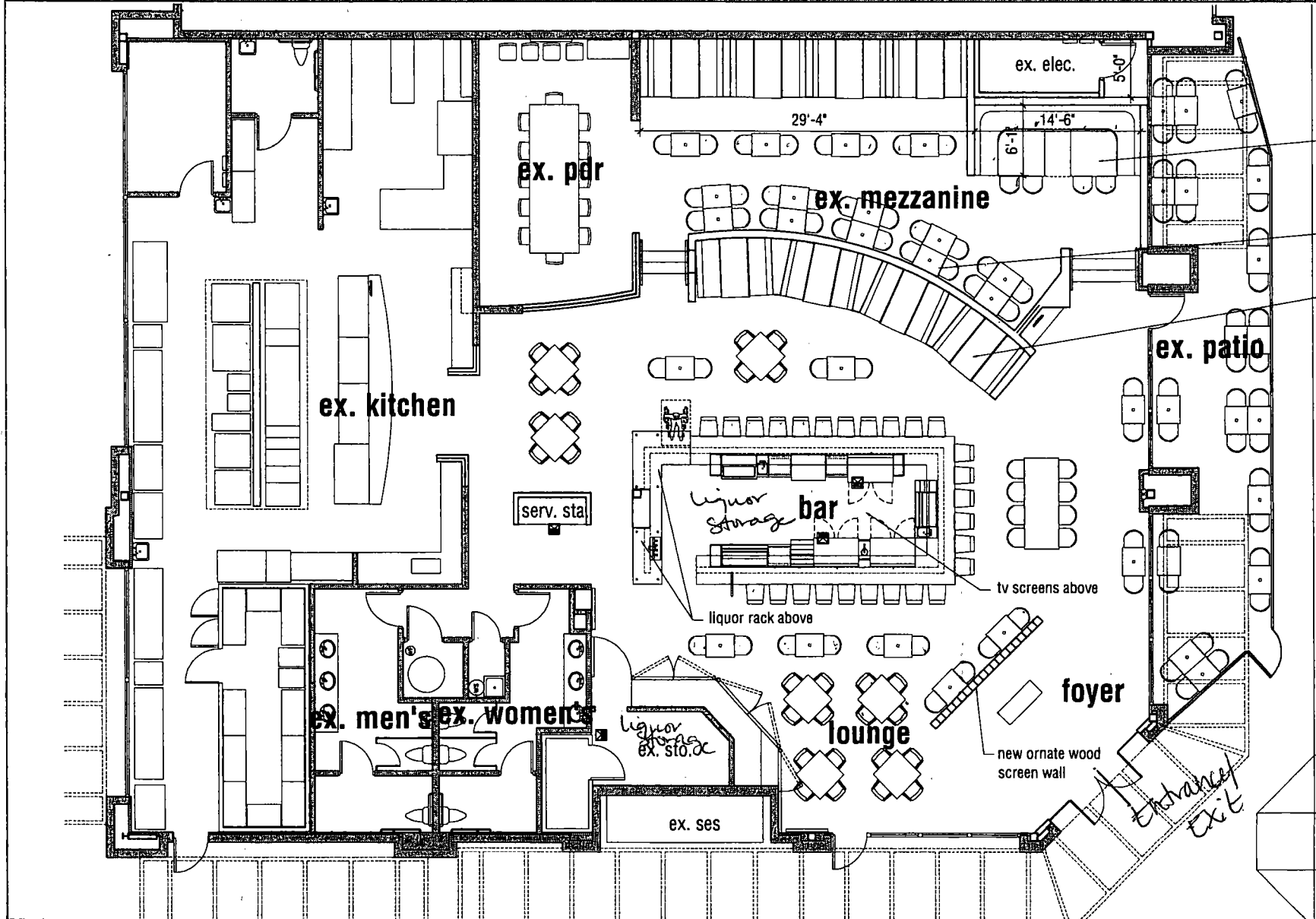
SECTION 16 Diagram of Premises – continued

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. 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 the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

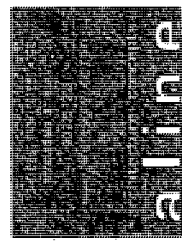
DIAGRAM OF PREMISES *SEE NEXT PAGE*

Diagram Attached



- new super booth
- 4 top tables
- new step up booths

the drexyl
 8877 n. scottsdale rd., scottsdale, az 85253
 date: december 8, 2015
 scale: 1/8" = 1'-0"
 n/a



Approx 6845 sq. ft.

SECTION 17 SIGNATURE BLOCK

I, (Print Full Name) Randy D. Nations, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature) *Randy D Nations*

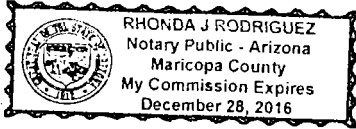
State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this

25 of January, 2016

Day Month Year

Rhonda J Rodriguez
Signature of NOTARY PUBLIC



My commission expires on: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

DREXYL
MODERN AMERICAN

*16 JAN 26 11:49 AM 1023

{ TO SHARE }

CHICKEN ARANCINI	9
fire roasted chicken, crispy fried risotto, tomato jam, cilantro cream, candied jalapeno	
SHRIMP COCKTAIL (gf)	16
colossal tiger shrimp, cipollini onion, candied lemon, zesty house cocktail sauce	
FRIED RAVIOLI	12
house made pasta, gorgonzola, beef tenderloin, yellow tomato puree, pea shoots	
CHEF'S BOARD	16
aged gouda, soppressata salami, pickled vegetables, calabrese sausage, gorgonzola, fig jam, toasted bread	
AHI TUNA TACO TRIO* (gf)	12
choice of crisp wonton or jicama shell; jalapeño syrup, charred slaw, pickled onion, cilantro	
COLDWATER LOBSTER ROLLS	18
soft butter roll, citrus aioli, pickled onion, micro arugula	

{ GREENS }

LEMONGRASS CAESAR*	9
an infused classic dressing, crispy parmesan, brioche plank; add chicken \$6 / shrimp \$8 / salmon \$8	
CLUB WEDGE	14
fire roasted chicken, baby iceberg, havarti cheese, roasted tomato, bacon, sweet shallot vinaigrette, brioche plank	
KALE CHOPPED (gf)	10
marinated olives, feta cheese, cherry tomato, micro mint, arugula, sweet onion, cucumber vinaigrette	
SEARED SALMON SALAD* (gf)	17
sustainable salmon glazed with blood orange puree, red bliss potatoes, warm bacon vinaigrette, baby lettuces, roasted tomatoes	
STEAK FRITES SALAD* (gf)	18
grilled filet tips, gorgonzola, cherry tomatoes, roasted corn, grilled onion, creamy peppercorn dressing, shoestring potatoes	
AHI TUNA SALAD* (gf)	18
pepper seared rare, soy caramel, jicama, avocado, roasted beet, cherry tomato, upland cress, honey citrus vinaigrette	

{ HANDCRAFTED SANDWICHES }

*All sandwiches served with house cut fries.
Fries may be substituted for an additional charge.*

D BURGER*	15
half pound patty, brioche bun, old rotterdam gouda, roasted garlic aioli, smoked bacon, fire & ice pickles, lettuce, vine ripe tomato	
FRIED CHICKEN SANDWICH	12
korean crispy chicken, brioche bun, chile mayo, charred slaw, pickled radish, sprouts	
PAN-SEARED SALMON*	15
brioche roll, spicy Dijon dressing, vine ripe tomato, micro sprouts, fire & ice pickle	
SMOKED BRISKET RUEBEN	16
marble rye, swiss gruyere, sauerkraut, 10,000 lakes dressing, fire & ice pickles	

{ MODERN COMFORTS }

ROASTED CHICKEN (gf)	18
spice roasted half chicken, whipped potato, butternut squash, roasted cauliflower, smoked compound butter	
JADE PESTO HALIBUT* (gf)	23
cilantro pesto, forbidden black rice, shiitake mushrooms, baby bok-choy, coconut curry	
PACIFIC COAST SOLE (gf)	21
hand squeezed lemonade pan sauce, fried capers, whipped potatoes, seasonal vegetable	
HERITAGE PORK CHOP*	23
house smoked, double cut; grilled apple butter, truffle goat cheese macaroni, candied bacon & seared brussel sprouts	
FRESH PAPPARDELLE	19
house made pasta, prosciutto wrapped chicken breast, fresh sage, wild mushrooms, marsala garlic sauce	
SCALLOP AND PRAWN DUO* (gf)	27
day boat scallops, spiced prawns, citrus cream, mexican street corn, mole, fresno chile, cilantro pesto	
COLA BRAISED PORK (gf)	20
tender braise cheeks, lyonnaise potato, parsnip puree, cipollini onion, chile-lime chicharron	
FILET* (gf)	36
7oz cast iron seared, glazed asparagus, whipped potato, lobster béarnaise	
DRY AGED NY STRIP* (gf)	42
cast iron seared, lyonnaise potato, candied bacon & seared brussel sprouts, red wine compound butter	

{ SIMPLE SOUPS }

FRENCH ONION	7
savory beef stock, sherry, aromatics, cipollini onion, swiss gruyere, brioche	
LOBSTER BISQUE (gf)	8
coldwater lobster, brandy, crème fraiche	

{ D EXTRAS }

HOUSE SALAD	5
baby lettuces, goat cheese, candied pecans, pomegranate vinaigrette	
ROASTED BRUSSEL SPROUTS	5
candied bacon	
WHIPPED POTATOES	5
TRUFFLE GOAT CHEESE MACARONI	7
HOUSE CUT FRIES	4
parmesan truffle 6 / sea salt	
ROASTED STREET CORN	5
LYONNAISE POTATOES	6
SEASONAL VEGETABLE	5

**These items are cooked to order and may be served raw or undercooked. Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of food-borne illness.*

{gf} These items are prepared gluten free.

Drexel Cocktails- \$12

Ketel One Mule-

1.5 oz Ketel One vodka

.25 oz Simple Syrup

4 oz ginger beer

4 mint leaves

Muddle Mint leaves with simple in glass, add Ketel and Ginger beer, then ice.

Collins Glass

Bulleit Mule-

1.5 oz Bulleit Bourbon

4 oz Ginger Beer

4 mint leaves

Muddle Mint with simple in glass, add Bulleit and Ginger beer, then ice.

Collins Glass

Silver mule-

1.5 oz Nolet Silver Gin

.25 oz Simple Syrup

4 oz Ginger beer

5 Mint leaves

Grapefruit wheel

Muddle mint with simple in glass, add gin and ginger beer, fill with ice.

Garnish with Grapefruit wheel

Collins glass

Flute

The Daiquiri-

1.5 oz

.5 oz simple syrup

.5 oz lime juice

Splash Grapefruit

Shake ingredients, strain.

Garnish with Lime wedge

Coupe/Martini Glass

Drexel Margarita-