



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

DLIC USE ONLY

License #	12083586
Date Accepted:	7/31/17
CSR:	Jr

Application for Liquor License
Type or Print with Black Ink

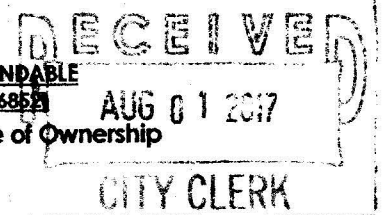
APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-685)

SECTION 1 Type of License

- ☒ Interim Permit
☒ New License
☐ Person Transfer
☐ Location Transfer (series 6, 7 and 9)
☐ Probate/ Will Assignment/ Divorce Decree (No Fees)
☐ Seasonal

SECTION 2 Type of Ownership

- ☐ J.T.W.R.O.S.
☒ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Co
☐ Club
☐ Government
☐ Trust
☐ Tribe
☐ Other (Explain) _____



SECTION 3 Type of license

- ☐ Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
A.R.S. § 4-206.01 (G), (H), (I) & (L)
☐ Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)
A.R.S. § 4-207 (A) & (B)

1. Type of License (restaurant, bar etc.): RESTAURANT 2. LICENSE # (if issued): 12083586

SECTION 4 Applicants

1. Agent's Name: VARACCHI ROBERT
Last First Middle
2. Applicant/Licensee Name: ROBERT VARACCHI P1078687
(Ownership name for type of ownership checked on section 1)
3. Business Name (Doing Business As-DBA): FRANK N STEIN PUB B1002955
4. Business Location Address: 2061 SWANSON AVE LAKE HAVASUCITY AZ 86403 MOHAVE
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: LAKE HAVASUCITY AZ 86406
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: PENDING Daytime Contact Phone: _____
7. Email Address: _____

8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No

If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? _____

Fees: <u>\$100</u>	<u>\$100</u>	Department Use Only <u>\$50</u>	<u>\$22</u>	<u>\$272.00</u>
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees

Is Arizona Statement of Citizenship & Alien Status for State Benefits complete?

☒ Yes

☐ No

SECTION 5 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. If the applicant is an entity, not an individual, answer questions 1 a-b.

a) Date Incorporated/Organized: _____ State where Incorporated/Organized: _____

b) AZ Corporation or AZ L.L.C. File No: _____ Date authorized to do business in AZ _____

2. List any individual or entity that own a beneficial interest of 10 % or more and/or controls the license. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed to disclose any controlling person, member, shareholder or general partner who owns a beneficial interest of 10 % or more of the license.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

SECTION 6 Interim Permit




If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01 For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S.§4-203.01 (A)

1. Enter license number currently at the location: 120835332. Is the license currently in use? ☐ Yes ☒ No If no, how long has it been out of use? 5/17

I, (Signature) _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

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

NOTARY	
State of Arizona) County of <u>Mohave</u>)	
On this <u>29</u> Day of <u>July</u> , 20 <u>17</u> before me personally appeared <u>Robert Vargach</u> <small>Day Month Year (Print Name of Document Signer)</small>	
Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.	
 (Affix Seal Above)	 Signature of NOTARY PUBLIC

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license ARS § 4-204

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. Current Licensee's Name: _____
(Exactly as it appears on the license) Last First Middle2. Assignee's Name: _____
Last First Middle

License Number: _____

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.

SECTION 8 Government (for Cities, Towns or Counties only)

1. Government Entity: _____
2. Person/Designee: _____
Last First Middle Daytime Contact Phone #

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

SECTION 9 ☐ **Person to Person – Current Licensee Information ARS§4-203(C), (D), (G)**
(Bar and Liquor Stores only – Series 06, 07 and 09)

1. License #: _____
2. Current Agent Name: _____
Last First Middle
3. Current Licensee Name: _____
(Exactly as it appears on the license)
4. Current Business Name: _____
(Exactly as it appears on the license)
5. Current Daytime Phone: _____ Primary Email Address: _____
6. Does current licensee intend to operate the business while this application is pending? ☐ Yes ☐ No
7. I authorize the transfer of this license to the applicant: _____
Signature or Agent or Individual controlling person

NOTARY

State of Arizona)
County of _____)

On this _____ Day of _____, 20____ before me personally appeared _____
Day Month Year (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

Signature of NOTARY PUBLIC

(Affix Seal Above)

SECTION 10 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G applicants.

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) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 3
- d) Craft Distillery (A.R.S. §4-205.10) Series 18

- e) Government license (A.R.S. §4-205.03) Series 5
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 4
- h) Farm Winery Series 13
- i) Producer Series 1

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 11 Business Financials A.R.S. §4-202(F)

1. I am the:

- ☒ Tenant: a person who holds the lease of a property; a lessee.
☐ Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
☐ Owner
☐ Purchaser
☐ Management Company

2. If the premises is leased give lessors: Name: DALLAS & KIMBERLY FINCH
Address: _____
City State Zip
3. What is the penalty if the lease is not fulfilled? _____ or Other: _____
4. Total money borrowed for the Business not including lease? \$ 0.00

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)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?
☐ Yes ☒ No If yes, attach explanation.
6. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?
☐ Yes ☒ No If yes, attach explanation.

SECTION 12 Diagram of Premises

Check ALL boxes that apply to your business:

- ☐ Walk-up or drive-through windows

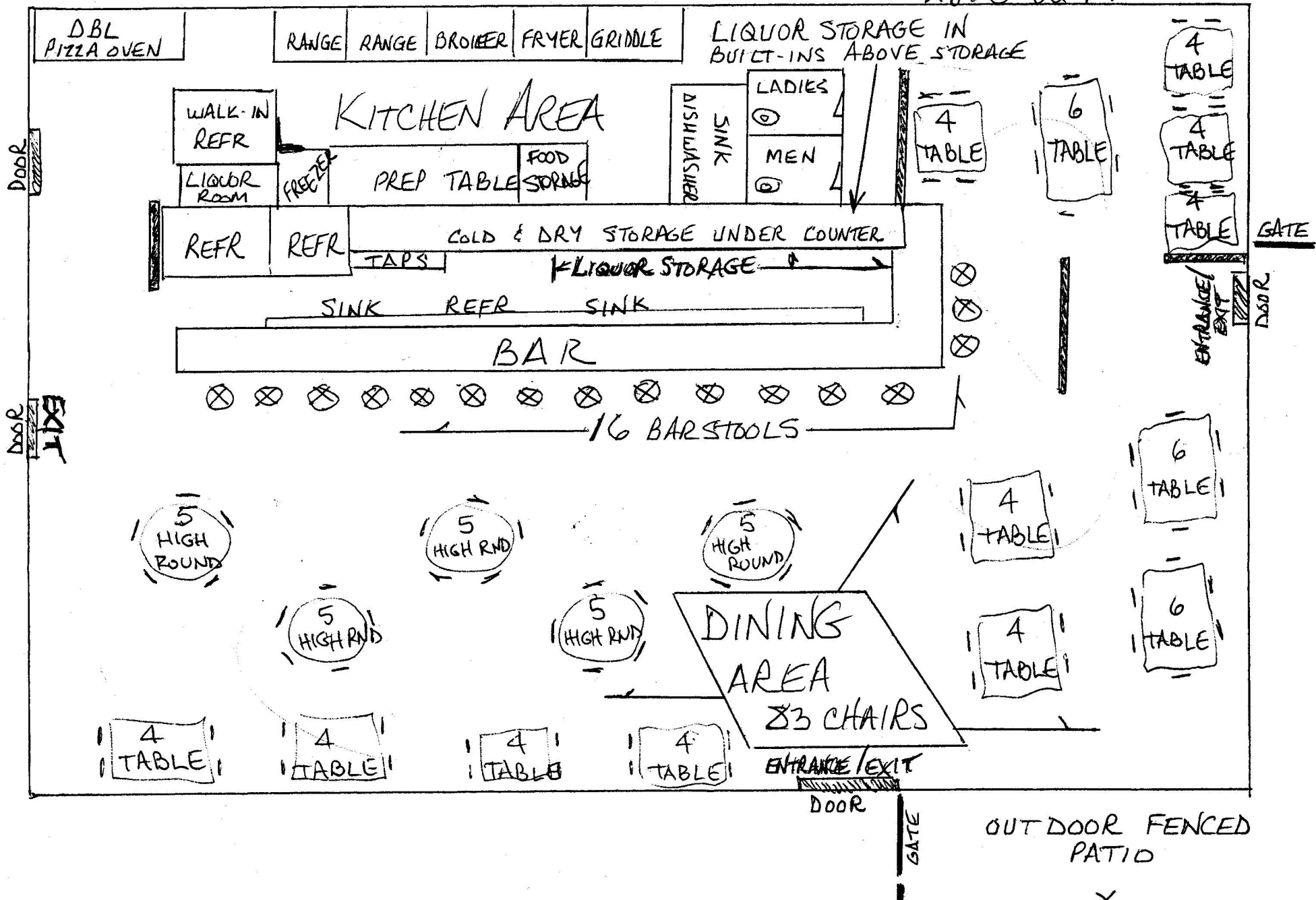
Patio: ☒ Contiguous ☐ Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
☒ Yes ☐ No If yes, what is your estimated completion date? 08 / 12 / 2017

Please attach a diagram of the premises which clearly show only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include all entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and the kitchen. **DO NOT INCLUDE** parking lots, living quarters or areas where business is not conducted under this liquor license. When completing your premises diagram, please identify which orientation is North.



2850 SQ FT



2. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

3. 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 service areas or the square footage of the licensed premises, either by increase or decrease.

Applicants Initials

RESTAURANTS AND HOTELS/MOTELS ONLY

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. The fee of \$50.00 will be due and payable upon submitting this application.)

4a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture, these are required as part of the diagram. A.R.S. §4-205.02(C)

4b. Provide a restaurant operation plan.

SECTION 13 SIGNATURE BLOCK

I, (Signature) _____, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

NOTARY

State of Arizona

County of Mohave

On this 29 Day of July, 20 17 before me personally appeared Robert Varcetti
Day Month Year (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

(Affix Seal Above)



Austin Jolley
Notary Public
Mohave County, Arizona
My Comm. Expires 4-14-2020

Signature of NOTARY PUBLIC

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.



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RESTAURANT OPERATION PLAN

DLLC USE ONLY LICENSE # 12083586

1. Name of restaurant (Please print): THE FRANK N STEIN PUB
2. List by Make, Model, and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:)

Grill	ATOSA MODEL ATRC-24 CHARBROILER
Oven	36" ROYAL RANGE / W-OVEN / DBL PIZZA OVEN
Freezer	AVANTICO 2 DR. FREEZER / LARKIN WALK-IN
Refrigerator	LARKIN WALK-IN REFRIGERATOR
Sink	3 COMP SINK BEHIND BAR
Dish Washing Facilities	3 COMP SINK W/ DISHWASHER IN KITCHEN
Food Preparation Counter (Dimensions)	9" X 72"
Other	

3. Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
4. List the seating capacity for:

a. Restaurant dining area of your premises:
(Do not include patio seating)

[83]

b. Bar area of your premises:

[+ 16]

c. Total dining and bar seating capacity of your premises:

[= 99]

5. What Type of dinnerware and utensils are utilized within your restaurant?
☒ Reusable ☐ Disposable ☐ Both

6. Does your restaurant have a bar area that is distinct and separate from the dining area? ☒ YES ☐ No
(If yes, what percentage of the public floor space does this area cover?) 15 %

7. What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 85 %

8. Does your restaurant contain any games, televisions, or any other entertainment? ☒ YES ☐ No
(If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

6 - TVs
1 - JUKE BOX

9. Do you have live entertainment or dancing? ☐ YES ☒ No
(If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	1
Bartenders	3
Hostesses	0
Managers	1
Servers	2
Other ()	
Other ()	
Other ()	

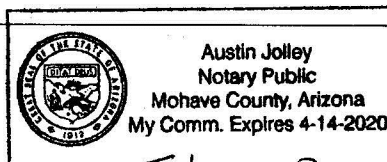
I, ROBERT VARACCHI, hereby declare that I am the APPLICANT filing this application.
(Print full name)

I have read this application and the contents and all statements true, correct and complete.

X [Redacted Signature]
(Signature of APPLICANT)

NOTARY

State of Arizona County of Mohave



The foregoing instrument was acknowledged before me this 29 day of July 2017
Day Month Year

My Commission Expires on: 04/14/2020
Date

[Redacted Signature]
Signature of Notary Public