



18 JUN 5 11:47 AM 10/11

18 MAY 31 11:47 AM 2003

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 #	385# 22443
Date Accepted:	6-5-18
CSR:	CA

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. § 44-6852)**

**SECTION 1 Type of License**

- ☐ Interim Permit  
☒ New License  
☐ Person Transfer (series 6, 7 and 9)  
☐ 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 Privilege**

- ☐ 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 (Series of license): series 12

2. LICENSE #

Job # 22443

**SECTION 4 Applicants**

1. Agent's Name: Damato Stacey Marie  
Last First Middle
2. Individual/Owner Name: Stacey's Southside Grill LLC  
(Ownership name for type of ownership checked in section 2)
3. Business Name (Doing Business As-DBA): Stacey's Southside Grill
4. Business Location Address: 3465 Maricopa Ave Lake Havasu City AZ 86406 Mohave  
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: [Redacted] Lake Havasu City AZ 86405  
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: 909 631 7494 Daytime Contact Phone: [Redacted]
7. Email Address: [Redacted]
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? \_\_\_\_\_
9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ \_\_\_\_\_

Fees:		Department Use Only		Total of All Fees	
Application	<u>100</u>	Interim Permit	<u>0</u>	Site Inspection	<u>50</u>
				Finger Prints	<u>44</u>
					<u>\$ 194.00</u>

**SECTION 5 Interim Permit**

If you intend to operate business while the 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: \_\_\_\_\_

2. Is the license currently in use? ☐ Yes ☐ No If no, how long has it been out of use? \_\_\_\_\_

**NOTARY**

I (Print Full Name) \_\_\_\_\_ hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.

Signature: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

My Commission Expires on: \_\_\_\_\_ Date \_\_\_\_\_ Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Signature of Notary \_\_\_\_\_

**SECTION 6 Background Check**

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

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

a) Date Incorporated/Organized: 1-17-18 State where Incorporated/Organized: AZ

b) AZ Corporation or AZ L.L.C. File No: [REDACTED] Date authorized to do business in AZ: 1-18-18  
L22513224

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed. Disclose all controlling persons and members, shareholders or general partners who own a beneficial interest of 10% or more of the applicant or licensee.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
Damato	Stacey	Marie	Manager	80%	[REDACTED]			
Quintanar	Daniel	Benjamin	member	10				
MSM Havasu Holdings LLC			member	10%				

(Attach additional sheet if necessary)

**SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license A.R.S. §4-204**

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

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

2. Assignee's Name: \_\_\_\_\_  
Last First Middle

3. License Number: \_\_\_\_\_

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

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MSM HAVASU HOLDINGS LLC

90%  $\wedge$   
Stacey  
D'Amato  
Manager

Daniel Quintanar  
10%  
Member

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

1. Government Entity: \_\_\_\_\_

2. Person/Designee: \_\_\_\_\_  
Last First Middle Daytime Contact Phone #

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

1. License #: \_\_\_\_\_

2. Individual Owner/Agent Name: \_\_\_\_\_  
Last First Middle

3. Ownership Name: \_\_\_\_\_  
(Exactly as it appears on the license)

4. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on the license)

5. Business Location Address: \_\_\_\_\_  
Street City State County Zip

6. Current Daytime Phone: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

7. Does current licensee intend to operate the business while this application is pending? ☐ Yes ☐ No

8. I, (Signature): \_\_\_\_\_ authorize the transfer of this license to the applicant.

**NOTARY**

I (Print Full Name) \_\_\_\_\_ hereby declare that I am the Individual Agent, Owner,  
Or Controlling Person on the stated license and location.

Signature: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

My Commission Expires on: \_\_\_\_\_ Day of \_\_\_\_\_  
Date Day Month Year

\_\_\_\_\_  
Signature of Notary

**SECTION 10 Location Transfer– Current Licensee Information ARS§4-203(C), (D), (G)  
(Bar and Liquor Stores only – Series 06, 07, and 09)**

1. Current Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(exactly as it appears on license)

2. New Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**SECTION 11 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 03
- d) Craft Distillery (A.R.S. §4-205.10) Series 18

- e) Government license (A.R.S. §4-205.03) Series 05
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 04
- h) Farm Winery Series 13
- i) Producer Series 01

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 12 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: Stacey Marie Damato
- Address: \_\_\_\_\_  
Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ NONE or Other: \_\_\_\_\_

4. 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)

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 manufacturer, wholesaler, or employee have an interest in your business?

☐ Yes ☒ No

If yes, attach explanation.

### SECTION 13 Diagram of Premises

Check ALL boxes that apply to your business:

☐ Walk-up or drive-through windows

☒ Patio: Contiguous

☐ Patio: 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? 6/15/18

2. What type of business will this license be used for? (be Specific) Restaurant

3. Please attach a diagram of the premises which clearly shows only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and kitchen.

## DO NOT INCLUDE

Parking lots, living quarters or areas where business is not conducted under this liquor license. Please identify which orientation is North on the diagram.

4. 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.

# ATTACH DIAGRAM

**IMPORTANT NOTE:** As stated in A.R.S. §4-207.01 (B), it is the licensee's 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.


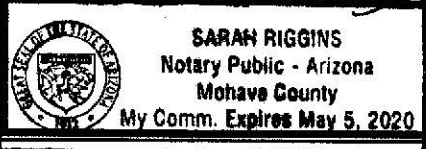
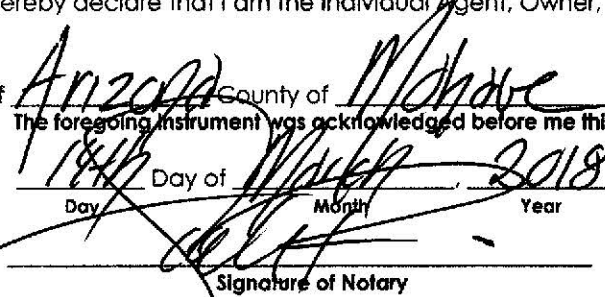
### RESTAURANTS AND HOTELS/MOTELS ONLY

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

5a. 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)

5b. Provide a restaurant operation plan.

**SECTION 14 SIGNATURE BLOCK**

NOTARY	
I (Print Full Name) <u>STACEY D'AMATO</u>	hereby declare that I am the Individual Agent, Owner, Or Controlling Person on the stated license and location.
Signature: 	State of <u>Arizona</u> County of <u>Mohave</u>
My Commission Expires on: <u>5/5/2020</u>	The foregoing instrument was acknowledged before me this <u>18th</u> Day of <u>March</u> , <u>2018</u>
	Signature of Notary 

**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.

3750 Square feet  
total

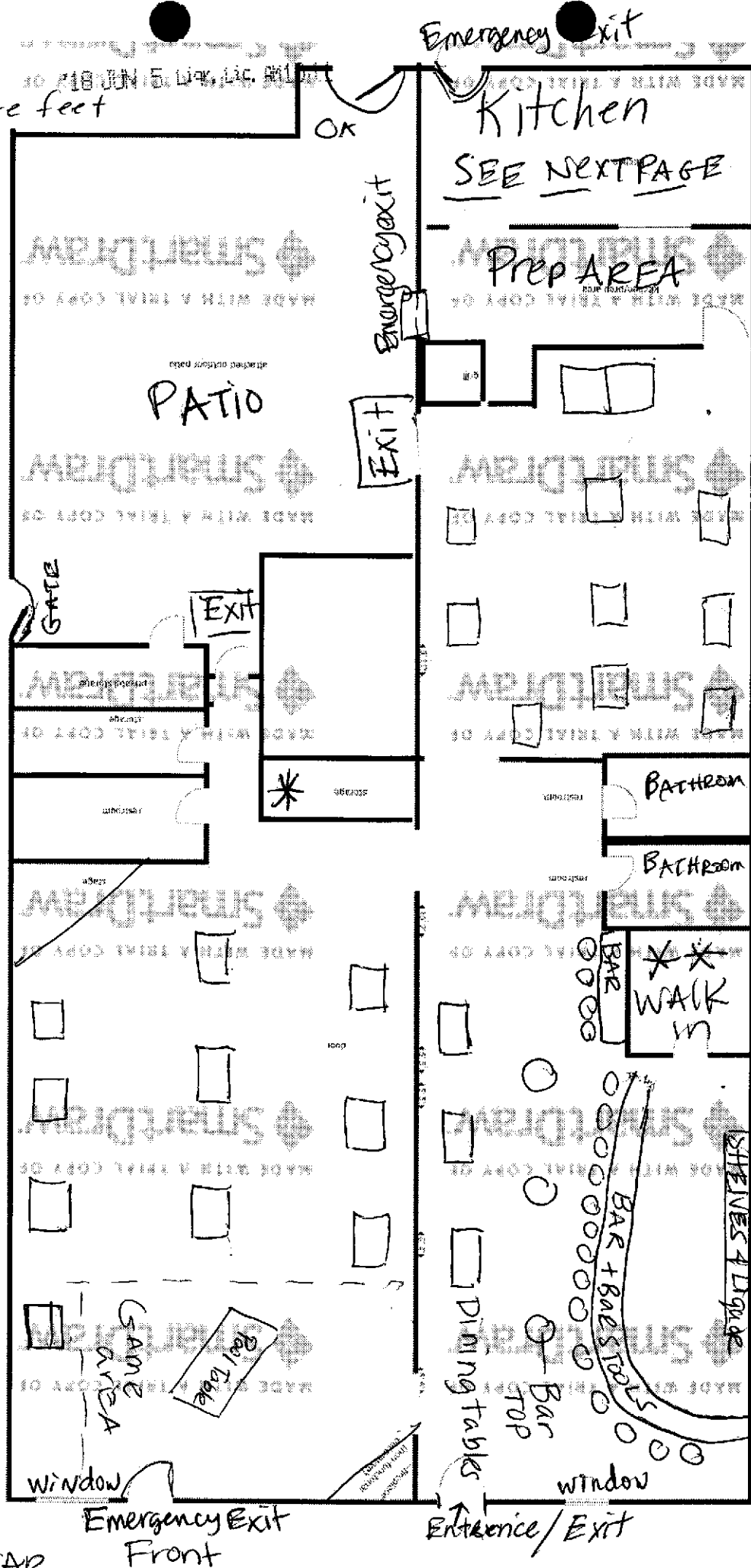
3 AREAS  
of Liquor  
Storage

Total  
Property =  
\*

Locked  
Liquor  
Storage

WALK IN  
COOLER  
for  
Liquor

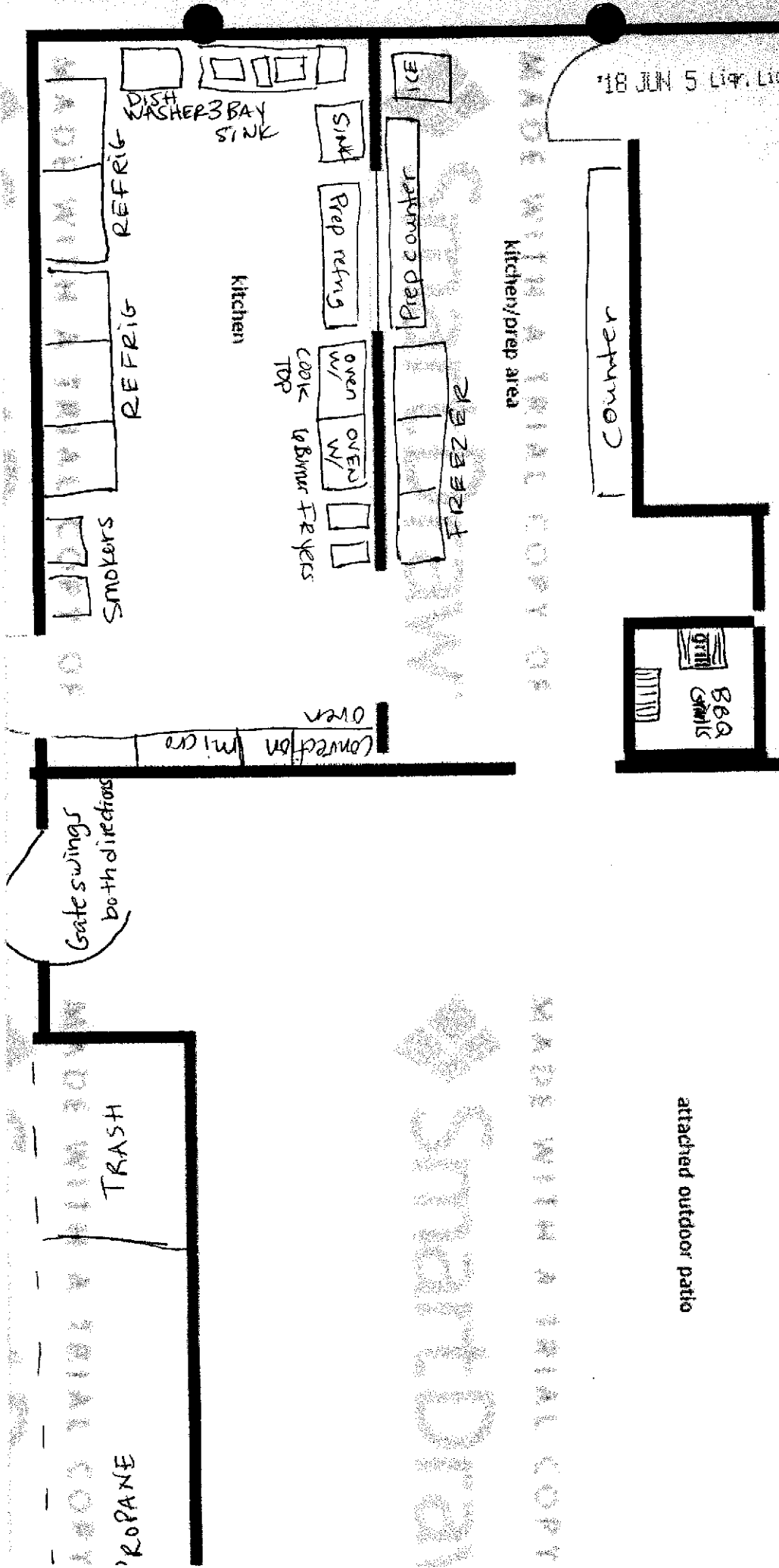
Shelves  
BEHIND BAR



Dining Room

\*\*\*  
more liquor storage  
on shelves





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Kitchen/prep area

Counter

FREEZER

Prep counter

Sink

Prep refing

Oven w/

Oven w/

COOK TOP

convection microwave

DISH WASHER 3 BAY SINK

REFRIG

REFRIG

Smokers

Gate swings both directions

TRASH

PROPANE

attached outdoor patio

BBQ Grill



18 JUN 5 Lic. Lic. #10112  
Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
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(602) 542-5141

18 MAY 31 Lic. Dept PM 2 03

### RESTAURANT OPERATION PLAN

~~DLIC USE ONLY LICENSE #~~ Job # 22443

1. Name of restaurant (Please print): Stacey's Southside Grill
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	See Attached
Oven	
Freezer	
Refrigerator	
Sink	
Dish Washing Facilities	
Food Preparation Counter (Dimensions)	
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: 1250  
(Do not include patio seating)
  - b. Bar area of your premises: + 525
  - c. Total dining and bar seating capacity of your premises: = 1775
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?) 70 %
7. What percentage of your public premises is used primarily for restaurant dining?  
(Do not include kitchen, bar, hi-top tables, or game area.) 70 %

Equipment	Model numbe	Brand	Notes
Grills x2		Fire magic propane	BBQ station
Oven		Wolf 2 door propane	cooktop on half & 6 burner on other half
Freezers	T-72F	TRUE	3 door
	TS-23F	TRUE	1 door
Refrigerators	T-72	TRUE	3 door
	TPP-67	TRUE	Prep station***
	MT45	Beverage-Air	Glass front beverage refrig
Sinks	No number	advance Food Service	Triple bay sink
	NF-0043771	No name	Single bay sink
	22-53C	Bar Sink	Triple bay bar sink
	No number	No name	Hand Wash station
2 Smokers	BB71	Smokaroma	Smokers don't need a vent system
Dishwasher	53846	Proclean	Auto Dishwasher 2 trays
Fryers	AF-45	American	2 Basket fryer
	SR 147 GP	Dean	2 Basket Fryer
Convection oven		Lang	4 shelf, half sheet pan
Prep counter space			180" of counter space plus refrigerated prep station*** is 67 "

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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.)

1 - pool Table 4 maybe - T.V's  
3 or 4 Dart Boards  
1 Video Game maybe 2

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.)

Karaoke 2x per week  
Live Band 2-4x per month

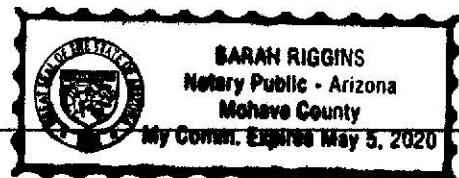
10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	6
Bartenders	6
Hostesses	0
Managers	3
Servers	5
Other ( Bar Back )	3
Other ( )	
Other ( )	

I, Stacey D'Amato, 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 <u>Arizona</u>	County of <u>Mohave</u>
The foregoing instrument was acknowledged before me this <u>14th</u> day of <u>March</u> <u>2018</u>	
My Commission Expires on: <u>3/5/2020</u>	Signature of Notary Public <u>[Signature]</u>