



State of Arizona
Department of Liquor Licenses and Control

Created 05/21/2019 @ 01:36:30 PM

Local Governing Body Report

LICENSE

Number: Type: 012 RESTAURANT
Name: RED BARON WINGS & PIZZA
State: Pending
Issue Date: Expiration Date:
Original Issue Date:
Location: 125 PASEO DEL SOL
LAKE HAVASU CITY, AZ 86403
USA
Mailing Address:
Phone:
Alt. Phone:
Email:

AGENT

Name: LYNDA MAE SPILLMAN
Gender: Female
Correspondence Address:
Phone:
Alt. Phone:
Email:

OWNER

Name: SPILLMAN AND SPILLMAN PARTNERSHIP
Contact Name: LYNDA MAE SPILLMAN
Type: PARTNERSHIP
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address:
Phone:
Alt. Phone:
Email:

Officers / Stockholders

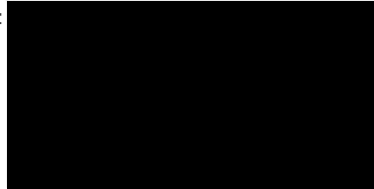
Name: Title: % Interest:

LYNDA MAE SPILLMAN
RYAN LEE SPILLMAN

General Partner	50.00
Limited Partner	50.00

**SPILLMAN AND SPILLMAN PARTNERSHIP -
General Partner**

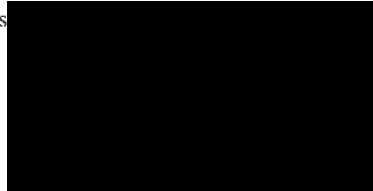
Name: LYNDA MAE SPILLMAN
Gender: Female
Correspondence Address:



Phone:
Alt. Phone:
Email:

**SPILLMAN AND SPILLMAN PARTNERSHIP -
Limited Partner**

Name: RYAN LEE SPILLMAN
Gender: Male
Correspondence Address:



Phone:
Alt. Phone:
Email:

APPLICATION INFORMATION

Application Number: 65468
Application Type: New Application
Created Date: 05/21/2019

QUESTIONS & ANSWERS

012 Restaurant

- 1) If you intend to operate the business while your application is pending you will need an interim permit pursuant to A.R.S. §4-203.01. Would you like to apply for an Interim Permit?
If yes, after completing this application, please go back to your Licensing screen, under New License Application choose "Interim Permit" from the drop-down window.
Yes
- 2) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes
- 5) Are you a tenant? (A person who holds the lease of a property; a lessee)
Yes
A Document of type LEASE is required.
- 6) Is there a penalty if lease is not fulfilled?
No
- 7) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)
No
- 8) Are you the owner?
No
- 9) Are you a purchaser?
No
- 10) Are you a management company?
No
- 11) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 12) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
ZERO
- 13) Have you provided a diagram of your premises?
Yes
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
CONTIGUOUS
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
04/15/2019
- 17) Have you provided a Restaurant Operation Plan form?
Yes
- 18) Have you provided a Records Required for Audit form?
Yes

JP

State of Arizona
Department of Liquor Licenses and Control

Created 05/21/2019 @ 01:35:37 PM

Local Governing Body Report

LICENSE

Number: INP080006546 Type: INP INTERIM PERMIT
Name: RED BARON WINGS & PIZZA
State: Active
Issue Date: 05/21/2019 Expiration Date: 09/03/2019
Original Issue Date: 05/21/2019
Location: 125 PASEO DEL SOL
LAKE HAVASU CITY, AZ 86403
USA

Mailing Address:

Phone:
Alt. Phone:
Email:

AGENT

Name: LYNDIA MAE SPILLMAN
Gender: Female
Correspondence Address:

Phone:
Alt. Phone:
Email:

OWNER

Name: SPILLMAN AND SPILLMAN PARTNERSHIP
Contact Name: LYNDIA MAE SPILLMAN
Type: PARTNERSHIP
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address:

Phone:
Alt. Phone:
Email:

Officers / Stockholders

Name: Title: % Interest:

LYNDA MAE SPILLMAN
RYAN LEE SPILLMAN

General Partner	50.00
Limited Partner	50.00

**SPILLMAN AND SPILLMAN PARTNERSHIP -
General Partner**

Name: LYNDA MAE SPILLMAN
Gender: Female
Correspondence Address:

Phone:
Alt. Phone:
Email:

**SPILLMAN AND SPILLMAN PARTNERSHIP -
Limited Partner**

Name: RYAN LEE SPILLMAN
Gender: Male
Correspondence Address:

Phone:
Alt. Phone:
Email:

APPLICATION INFORMATION

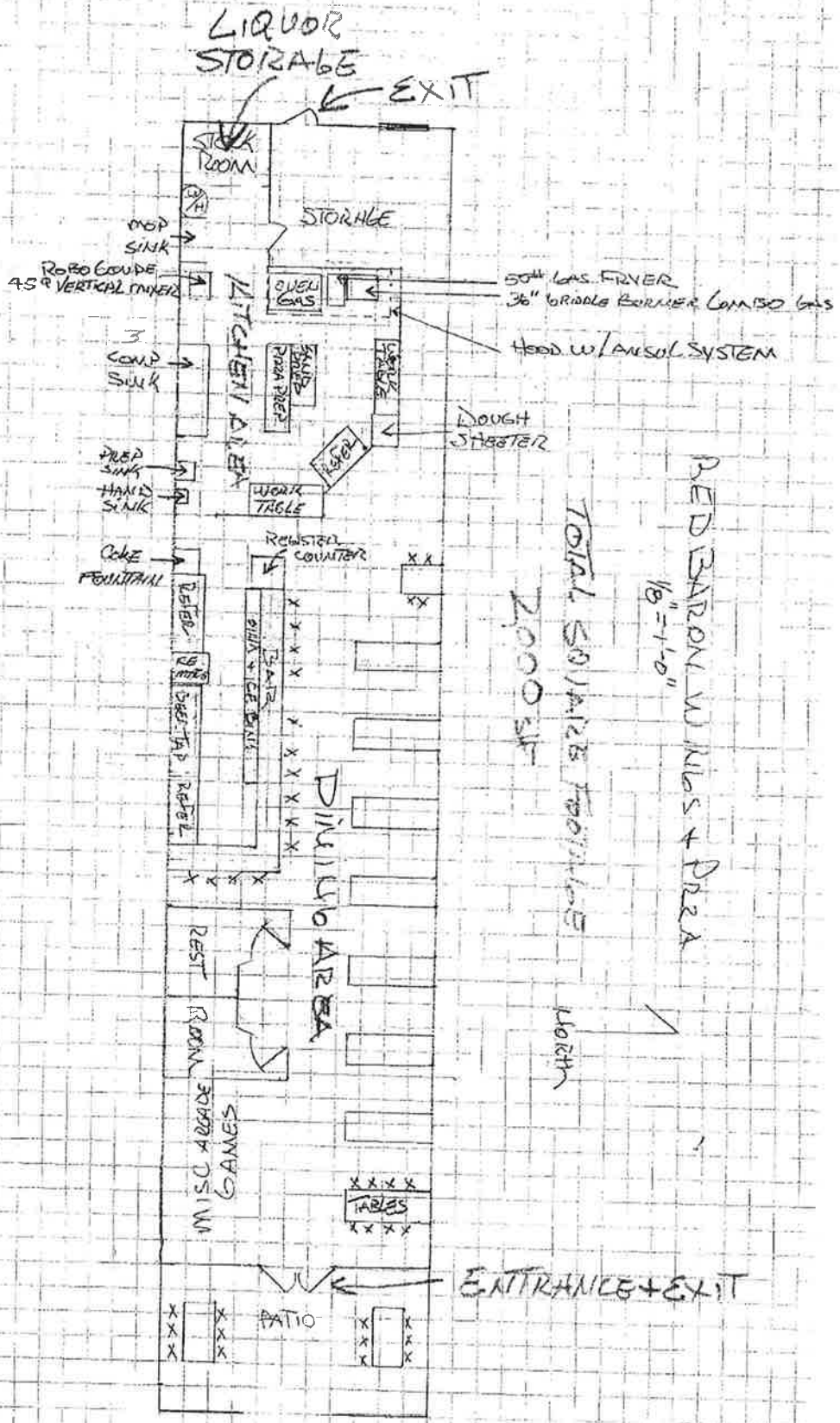
Application Number: 65470
Application Type: New Application
Created Date: 05/21/2019

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
#12083523
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
Yes
A Document of type INTERIM NOTARY PAGE is required.

19 MAY 21 14.15 PM 197



PASEO DEL SOL



19 MAY 21 10:41 AM '18

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

DLLC USE ONLY

Job #:

65468

RESTAURANT OPERATION PLAN

1. Name of restaurant (Please print): **Red Baron Wings & Pizza**

2. List equipment below by Make, Model, and Capacity: (PROVIDE THE FOLLOWING ITEMS ONLY, NO ATTACHMENTS)

Grill	1- 36" grill burner combo naturak gas
Oven	1 -Wolf double deck pizza oven
Freezer	2- 24 cubic ft chest freezers
Refrigerator	2- 23 cubic ft Refrigerators
Sink	1-3 comp dish sink 1-food prep sink 2-handwash sinks
Dish Washing Facilities	1-3compartment sink
Food Preparation Counter (Dimensions)	1-93" pizza prep refrigerator 1-72" sandwich & salad prep refrigerator
Other	1-45 quart robo-Coupe vertical food processor

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)

[64]

b. Bar area of your premises:

[+ 16]

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

[= 80]

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?) _____ %

7. What percentage of your public premises is used primarily for restaurant dining?

(Do not include kitchen, bar, hi-top tables, or game area.) **80** %

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.))

4 flat screen tv's

9. Do you have live entertainment or dancing? ☐ YES ☒ No

(If yes, what type and how often 8.5

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	3
Bartenders	1
Hostesses	1
Managers	1
Servers	2
Other (1-45 quart mix-Coupe vertical free processor)	
Other ()	
Other ()	

I, Lynda Mae Spillman

hereby declare that I am the APPLICANT filing this application.
I have read this application and all statements true, correct and complete.

NOTARY

State of Arizona County of Mohave

The foregoing instrument was acknowledged before me this 3-23 day of April 2019

My Commission Expires on: 1/10/2021
Date

Signature of Notary Public

