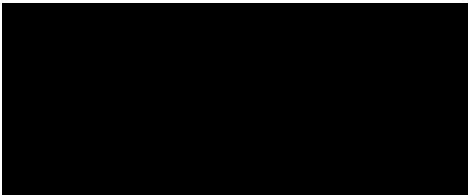


State of Arizona
Department of Liquor Licenses and Control


Created 10/19/2019 @ 02:11:43 PM

Local Governing Body Report

| |
|----------------|
| LICENSE |
|----------------|

| | | | |
|----------------------|---|------------------|----------------|
| Number: | | Type: | 012 RESTAURANT |
| Name: | STREET COFFEE CO | | |
| State: | Pending | | |
| Issue Date: | | Expiration Date: | |
| Original Issue Date: | | | |
| Location: | 2127 SWANSON AVENUE LAKE HAVASU CITY, AZ 86403 USA | | |
| Mailing Address: |  | | |
| Phone: | | | |
| Alt. Phone: | | | |
| Email: | | | |

| |
|--------------|
| OWNER |
|--------------|

| | |
|-------------------------|---|
| Name: | STEVEN ALAN THOMAS |
| Gender: | Male |
| Correspondence Address: |  |
| Phone: | |
| Alt. Phone: | |
| Email: | |

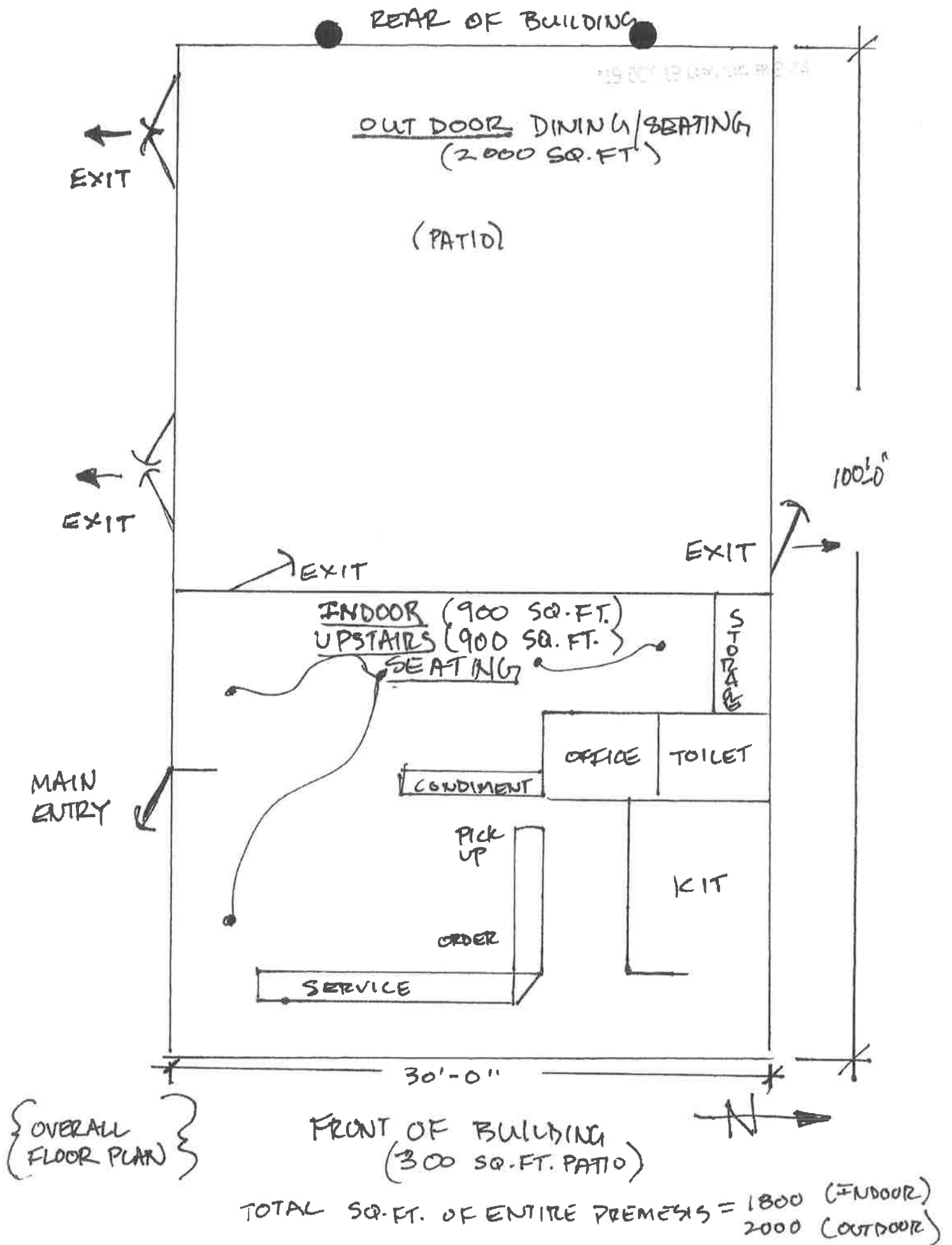
APPLICATION INFORMATION

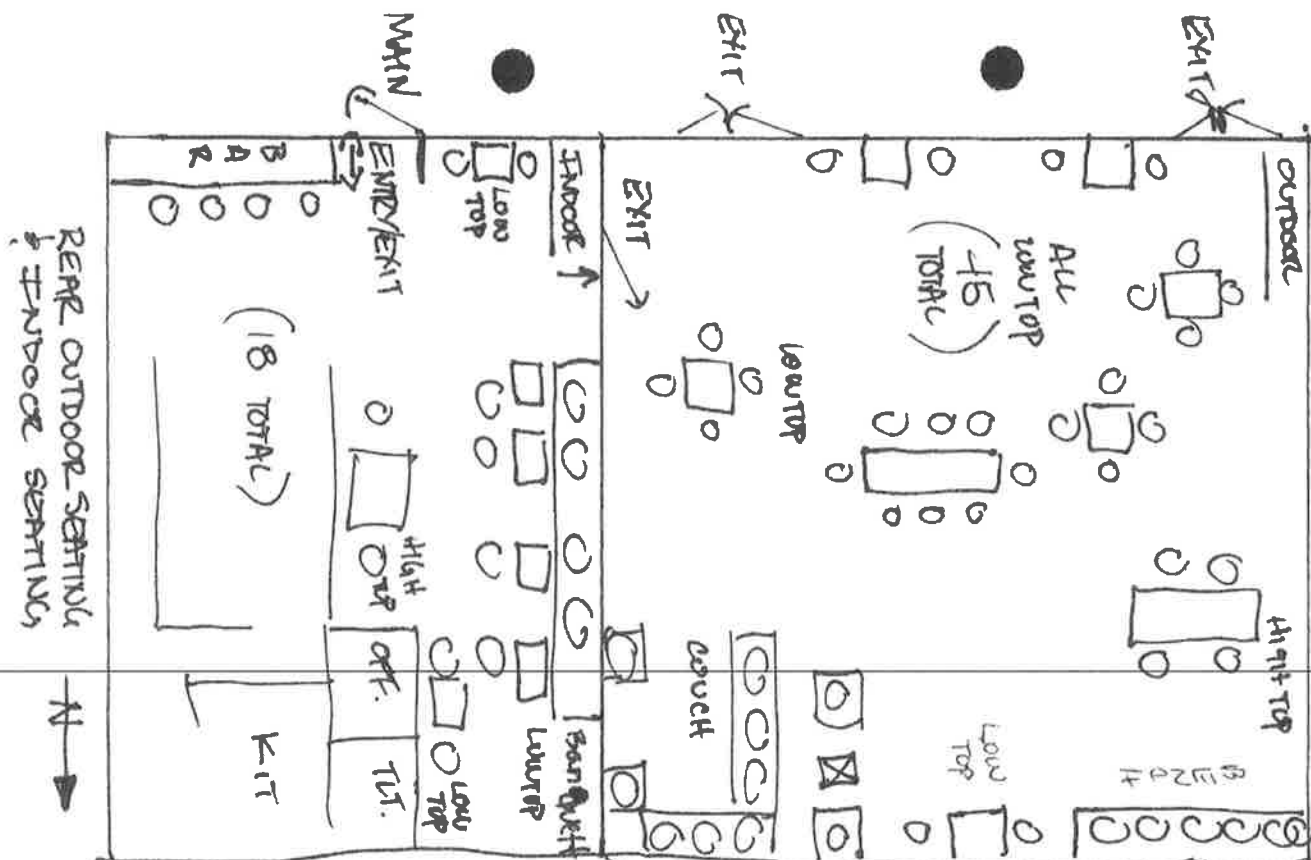
Application Number: 80359
Application Type: New Application
Created Date: 10/19/2019

QUESTIONS & ANSWERS

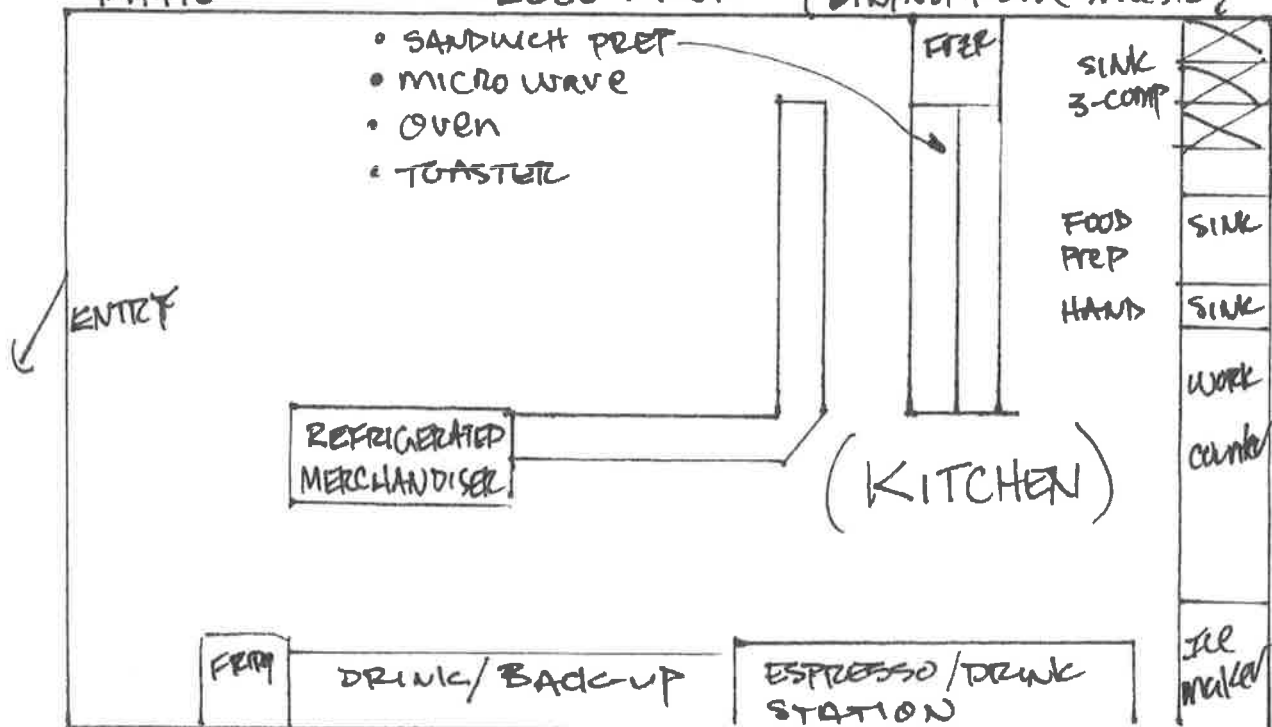
012 Restaurant

- 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.
No
- 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)
No
- 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.
0
- 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?
No
- 17) Have you provided a Restaurant Operation Plan form?
Yes
- 18) Have you provided a Records Required for Audit form?
Yes





INDOOR AREA = 900 sq. ft. (DINING / KIT)
 UPSTAIRS STORAGE = 900 sq. ft. (LIQUOR STORAGE)
 PATIO = 2000 sq. ft. (DINING + LIVE MUSIC)



KITCHEN EQUIPMENT



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 #: 80359

RESTAURANT OPERATION PLAN

- Name of restaurant (Please print): Streetside Coffee Co.
- List equipment below by Make, Model, and Capacity : **(PROVIDE THE FOLLOWING ITEMS ONLY, NO ATTACHMENTS)**

| | |
|---------------------------------------|--|
| Grill | NONE |
| Oven | Oster, T5STTVEDM, 1525 W |
| Freezer | Artic Air, AF23, 23 cu-ft. |
| Refrigerator | TURBO-AIR, TOM-W-5DSB, 50" OPEN MERCHANDISER |
| Sink | ADVANCE TABCO, KMS-245, 24x24 prep sink |
| Dish Washing Facilities | UNK, UNKNOWN, 20x20 3-Comp SINK |
| Food Preparation Counter (Dimensions) | Artic Air, AST48R, 48" SAND prep Table |
| Other <u>DRINK STATION</u> | Continental Refrg., BRUC595-GD, UNDER COUNTER BEV. Storage |

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

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

[20]

b. Bar area of your premises:

[+ 0]

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

[= 20]

- What Type of dinnerware and utensils are utilized within your restaurant?

☐ Reusable

☐ Disposable

☒ Both

- 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?) _____ %

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

(Do not include kitchen, bar, hi-top tables, or game area.) 70 %

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.)

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.)

Live music/Band

2-3x per 6 months (on patio)

Live Theatre

2-3x per year, (on patio)

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

| Position | How many |
|------------------|----------|
| Cooks | 1 |
| Bartenders | 1 |
| Hostesses | 0 |
| Managers | 1 |
| Servers | 0 |
| Other (Barista) | 2 |
| Other () | |
| Other () | |

I, Steven A. Thomas, hereby declare that I am the APPLICANT filing this application.
I have read the _____, correct and complete.

X

(Signature)

NOTARY

State of Arizona County of Mohave

The foregoing instrument was acknowledged before me this 16 day of October 2019
Day Month Year

My Commission Expires on: 4/11/23
Date

Signature of Notary Public



Jaely Douglass
Notary Public
Mohave County, Arizona
My Comm. Expires 04-11-23
Commission No. 561995