



RONALD WILLIAM BAKER  
SANDRA LEE BAKER  
LORI ANN BAKER  
JOHN RANDALL BAKER

MMEBER  
MEMBER  
MEMBER  
MEMBER

25.00  
25.00  
25.00  
25.00

**THE POUR HOUSE LLC - MEMBER**

Name: LORI ANN BAKER  
Gender: Female  
Correspondence Address:

Phone:  
Alt. Phone:  
Email:

**THE POUR HOUSE LLC - MEMBER**

Name: JOHN RANDALL BAKER  
Gender: Male  
Correspondence Address:

Phone:  
Alt. Phone:  
Email:

**THE POUR HOUSE LLC - MEMBER**

Name: SANDRA LEE BAKER  
Gender: Female  
Correspondence Address:

Phone:  
Alt. Phone:  
Email:

**THE POUR HOUSE LLC - MMEBER**

Name: RONALD WILLIAM BAKER  
Gender: Male  
Correspondence Address:

Phone:  
Alt. Phone:  
Email:

## APPLICATION INFORMATION

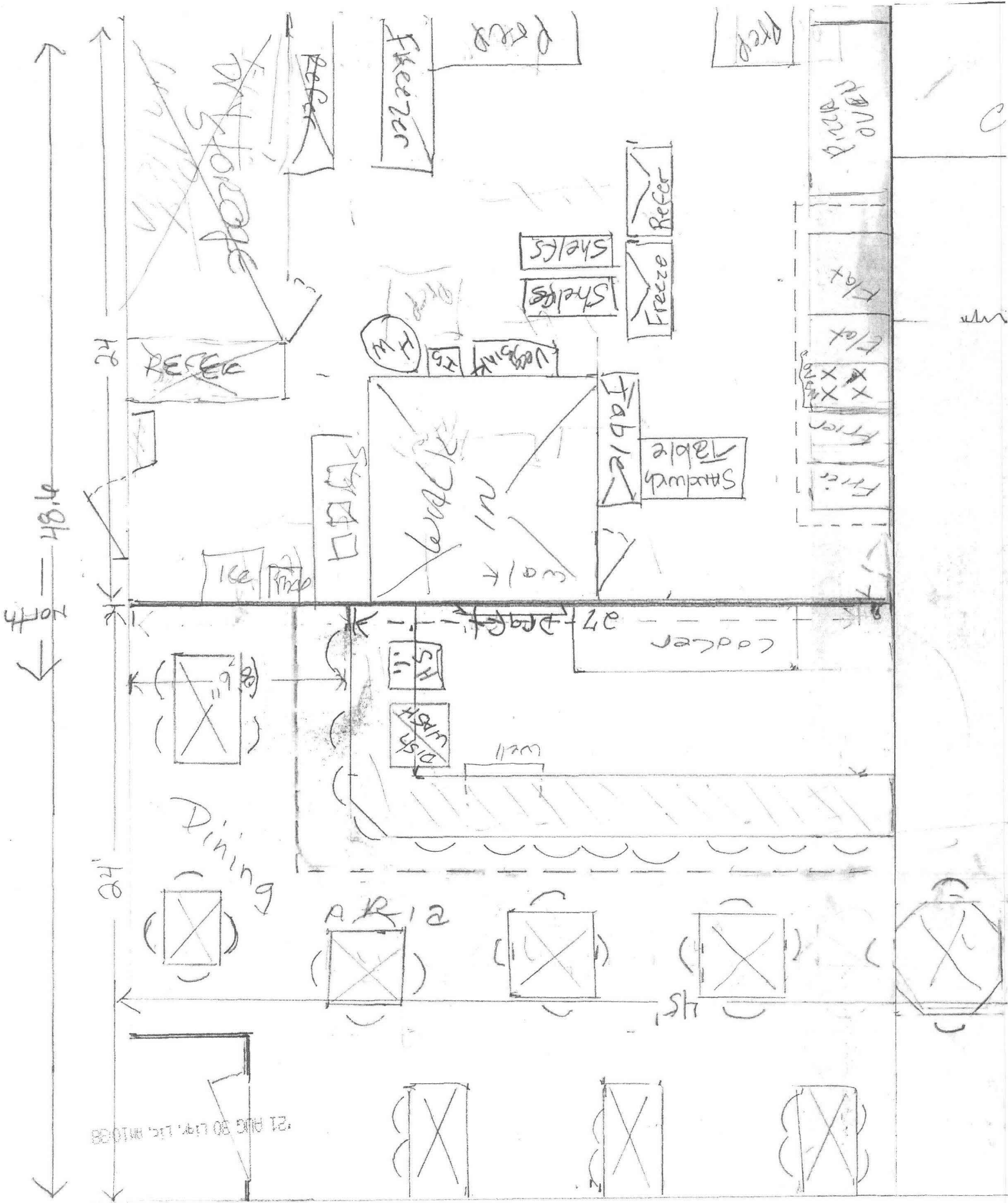
Application Number: 162157  
Application Type: New Application  
Created Date: 09/25/2021



## QUESTIONS & ANSWERS

### 012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
TENANT
- 3) Is there a penalty if lease is not fulfilled?  
Yes  
What is the penalty?  
EVICTION
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?  
Yes
- 5) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
0
- 6) Is there a drive through window on the premises?  
No
- 7) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
NONE
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
Yes  
If yes, what is your estimated completion date?  
8/20/2021



21 AUG 80 11:47, LIT, RM103B

21 SEP 16 Lique. Lic. PM 3:08

\$2.50 Each.

- Pepsi
- Mountain Dew
- Sierra mist
- Ice Tea
- Coffee
- Hot Tea
- Orange juice
- Pineapple juice
- Apple juice

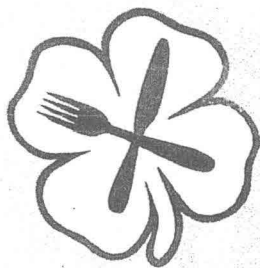
# AMENDMENT

\$3.00 each

- Red Bull
- Sugar Free Red Bull

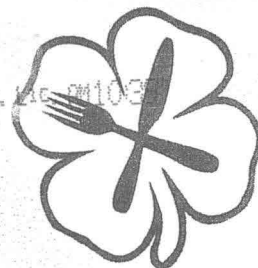
menu for Non-alcoholic  
Beverages with pricing  
as requested.





# POUR HOUSE

## BREAKFAST MENU



Served Sunday 9am - Noon

Items below include Toast & Hash Browns, substitute 1/2 order of Biscuits & Gravy for \$2.00

Two Eggs, any style _____	5.95	Corned Beef Hash _____	9.95
Ham, Bacon or Sausage _____	7.95	with two eggs, any style _____	
with two eggs, any style _____		Chicken Fried Steak _____	12.95
Burger Patty _____	8.95	with two eggs, any style _____	
with two eggs, any style _____		Steak & Eggs _____	14.95

### PANCAKES & FRENCH TOAST

French Toast (2 pcs) _____	4.95	Pancakes _____ (2) 3.95 _____ (3) 4.95
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### SIDES

Biscuits & Gravy (1/2 order) 3.95 _____ (Full) 4.95	Corned Beef Hash _____	4.95
Ham, Bacon or Sausage _____	Country Gravy _____	1.95
Hash Browns _____	One egg OR two slices of toast _____	.95

### SPECIALTY OMELETS

Western _____	9.95	The Heart Attack _____	12.95
Ham, peppers, onion and cheddar _____		Ham, bacon, sausage, onion and hash browns on the inside, country gravy on the outside _____	
ABC _____	9.95	Chili Cheese _____	10.95
Avocado, bacon and cheddar _____		Covered with our homemade chili and cheddar _____	
The McKee _____	9.95	The Californian _____	9.95
Corned beef and swiss _____		Turkey, avocado and swiss _____	

### BUILD YOUR OWN OMELET OR BURRITO

Comes with toast or tortilla

Start with three eggs and choice of cheese _____	5.95
Add ham, bacon, sausage, avocado, or gravy _____	1.00 each
Add salsa, sour cream, onion, potato, tomato, mushroom, peppers or jalapeno _____	.50 each

Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness."

# PIZZA

***Cheese: Mozzarella, Cheddar, Asiago, Fontina, Provolone and  
Parmesan (Cheese Blend)***

***Pepperoni : Mozzarella and Pepperoni***

***Sausage : Mozzarella and Sausage***

***Vegetarian : Mozzarella, Red Pepper, Green Pepper, Mushroom,  
Black Olive and Onion***

***Meatlovers : Mozzarella, Pepperoni, Sausage, Canadian Bacon  
and Bacon***

***Supreme: Cheese Blend, Pepperoni, Sausage, Red Peper, Green  
Pepper, Onion, Mushroom and Black Olive***

	7"	14"	Cauliflower Crust
Cheese	\$6.95	\$16.95	\$15.95
Pepperoni	\$7.95	\$17.95	\$16.95
Sausage	\$7.95	\$17.95	\$16.95
Vegetarian	\$8.95	\$18.95	\$17.95
Meatlovers	\$8.95	\$18.95	\$17.95
Supreme	\$9.95	\$19.95	\$18.95

## **CHICKEN SANDWICHES 9.95**

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- **GRILLED CHICKEN CLUB**
- **BBQ CHICKEN BREAST**
- **PLAIN CHICKEN BREAST**
- **TERIYAKI CHICKEN W PINEAPPLE**
- **BBQ CHICKEN WRAP**
- **BLT (ADD CHICKEN 3.50, EGG 1.50) SOURDOUGH**

## **FISH N CHIPS ( FRIDAYS ONLY)**

**YOUR CHOICE: 1 SIDE (COLE SLAW INCLUDED)**

**3 PIECE:9.95**

**YOUR CHOICE: (FRIED OR GRILLED), AND CHOICE OF SIDE**

## **BOSTON CLAM CHOWDER ( FRIDAY ONLY)**

**(SM 5.00)**

**(LG 7.95)**

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# **POUR HOUSE**

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# POUR HOUSE

## APPETIZERS

- CLAM STRIPS 6.55
- CALAMARI 9.85
- POUTINE 7.95 HALF ORDER 4.50
- CHIPS /SALSA 5.25
- CHEEZY TATORS 7.95
- BEER BATTERED ONION RINGS 6.95
- FRENCH FRIES/*SWEET POTATO FRIES*/TATOR TOTS 6.95
- WINGS 1 DOZ 13.95

## QUESADILLA

12"

6"

- |                              |      |      |
|------------------------------|------|------|
| • CHEESE 10.95               | HALF | 6.95 |
| • WITH GRILLED CHICKEN 13.45 | HALF | 7.95 |
| • WITH PULLED PORK 14.45     | HALF | 8.95 |

## HOT DOG/SHRIMP/CHICKEN STRIPS

- ALL BEEF HOT DOG 8.95 (WITH CHILI ADD 2.00)
- 3 CHICKEN STRIPS WITH YOUR CHOICE OF SIDE 10.95
- SHRIMP BASKET 9.95
- SHRIMP COMBO 11.95

# **POUR HOUSE**

## **BURGERS**

CHEESE: CHEDDAR, PEPPER JACK, SWISS, AMERICAN, BLUE CHEESE

SIDES: FRENCH FRIES, SWEET FRIES, TATOR TOTS, COTTAGE CHEESE

- HAMBURGER (W CHEESE ADD: 1.25) 9.10
- BARNYARD, FRIED EGG/BACON 13.50
- NO NAME, HAMBURGER, SWISS CHEESE/PASTRAMI 12.95
- PATTY MELT 11.95
- VEGGIE, BLACK BEAN WITH CHEESE 10.95

## **SANDWICHES: 13.95**

- **PASTRAMI**
- **BBQ PULLED PORK**

### **LARGE SALADS: 9.95**

- **BACON BLUE CHEESE:** BACON-HARD BOILED EGG-TOMATO-CUCUMBER-BLUE CHEESE CRUMBLES
- **SOUTHWEST CHICKEN:** CHICKEN BREAST-ONION-TOMATO-BLACK BEANS-CORN AND TORILLA CHIPS
- **CHICKEN SALAD:** CHICKEN BREAST-CUCUMBER-ONION-TOMATO
- **SIDE 5.95:** CUCUMBER-ONION-TOMATO

### **DRESSINGS**

RANCH—BLUE CHEESE- RED VINAIGRETTE

21 SEP 16 11:08 AM

# Restaurant Operation Plan Question 1



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 #: 162157

## RESTAURANT OPERATION PLAN

1. Name of restaurant (Please print): The Pour House
2. List equipment below by Make, Model, and Capacity: (PROVIDE THE FOLLOWING ITEMS ONLY, NO ATTACHMENTS)

Grill	
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: [                      ]  
(Do not include patio seating)
  - b. Bar area of your premises: [ +                      ]
  - c. Total dining and bar seating capacity of your premises: [ =                      ]
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?) \_\_\_\_\_ % Section
7. What percentage of your public premises is used primarily for restaurant dining?  
(Do not include kitchen, bar, hi-top tables, or game area.) \_\_\_\_\_ %

# AMENDMENT

Total square  
425



21 AUG 30 147. Lic. AM1039

Arizona Department of Liquor Licenses and Control  
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Phoenix, AZ, 85007-2934  
www.azliquor.gov  
(602) 542-5141

DLIC USE ONLY  
Job #:

# RESTAURANT OPERATION PLAN

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

Grill	imperial, wolf
Oven	BakersPride, wolf
Freezer	True 40 <sup>sq</sup> Ft, True 40 <sup>sq</sup> Ft.
Refrigerator	mccall 40 <sup>sq</sup> Ft, Bev-Air 36 <sup>sq</sup> Ft, Frigoglass 40 <sup>sq</sup>
Sink	HandSink (2), 2 compartment Vagie Sink
Dish Washing Facilities	3 compartment Sink 2.25 <sup>sq</sup> Ft @ Comp.
Food Preparation Counter (Dimensions)	1) 2'x4', 1) 30" x 4', 1) 30" x 30", 1) 12'x48", 1) 12'x60"
Other	2) 35 <sup>lb</sup> deep Friers, wolf 4 burner stove

- 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)

[ 46 ]

b. Bar area of your premises:

[ + 12 ]

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

[ = 58 ]

- 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 %



21 SEP 16 11:02 PM 3 08

# Restaurant Operation Question 10

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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Position	How many
Cooks	8
Bartenders	4
Hostesses	0
Managers	2
Servers	6
Other ( )	0
Other ( )	0
Other ( )	0

AMENDMENT

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

X \_\_\_\_\_  
(Signature of APPLICANT)

## NOTARY

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year

My Commission Expires on: \_\_\_\_\_  
Date Signature of Notary Public

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.)

TV's 8

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	6
Bartenders	3
Hostesses	0
Managers	
Servers	5
Other ( )	
Other ( )	
Other ( )	

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

X Lori A. Baker  
(Signature of APPLICANT)

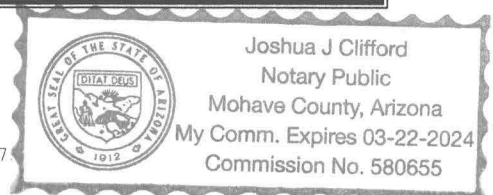
**NOTARY**

State of Arizona County of Mohave

The foregoing instrument was acknowledged before me this 27 day of August 2021  
Day Month Year

My Commission Expires on: 03-22-24  
Date

[Signature]  
Signature of Notary Public







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

**RECORDS REQUIRED FOR AUDIT**  
**Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only**

**MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS**

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly inventory figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements Income Statements-Balance Sheets
10. General Ledger
  - A. Sales Journals/Monthly Sales Schedules
    - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
    - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
    - 3) Dated Guest Checks
    - 4) Coupons/Specials/Discounts
    - 5) Any other evidence to support income from food and liquor sales
  - B. Cash Receipts/Disbursement Journals
    - 1) Daily Bank Deposit Slips
    - 2) Bank Statements and canceled checks
11. Tax Records
  - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
  - B. Income Tax Return - city, state and federal (copies)
  - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
  - A. Copies of all reports required by the State and Federal Government
  - B. Employee Log (A.R.S. §4-119)
  - C. Employee time cards (actual document) used to sign in and out each work day)
  - D. Payroll records for all employees showing hours worked each week and hourly wages

## 13. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH  
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

**A.R.S. §4-210(A)7**

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

**A.R.S. §4-205.02(G)**

For the purpose of this section:

1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

**NOTARY**

I, (Print Full Name) Lori Ann Baker, have read and understand all aspects of this statement

X (Signature)

Lori A. Baker  
Controlling Person / Agent

State of

Arizona

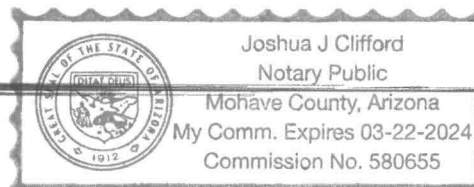
County of

Mohave

the foregoing instrument was acknowledged before me this

27 of August 2021  
Day Month Year

My commission expires on: 03-22-24



[Signature]  
Signature of NOTARY PUBLIC

**MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE**