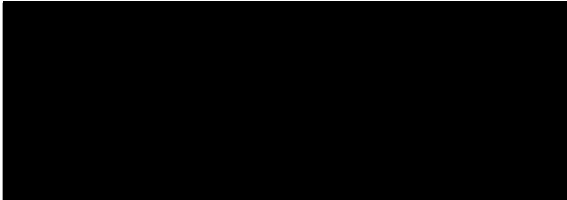


State of Arizona
Department of Liquor Licenses and Control

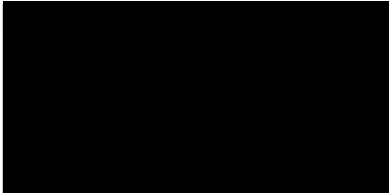
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Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	THE MUSTARD SEED		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	2061 SWANSON AVENUE LAKE HAVASU CITY, AZ 86403 USA		
Mailing Address:			
Phone:			
Alt. Phone:			
Email:			

AGENT

Name:	RACHEL ELIZABETH SHOWS
Gender:	Female
Correspondence Address:	
Phone:	
Alt. Phone:	
Email:	

OWNER

Name:	THE MUSTARD SEED LHC LLC		
Contact Name:	RACHEL ELIZABETH SHOWS		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23206099	State of Incorporation:	AZ
Incorporation Date:	04/05/2021		
Correspondence Address:			
Phone:			
Alt. Phone:			
Email:			

Officers / Stockholders

Name:	Title:	% Interest:
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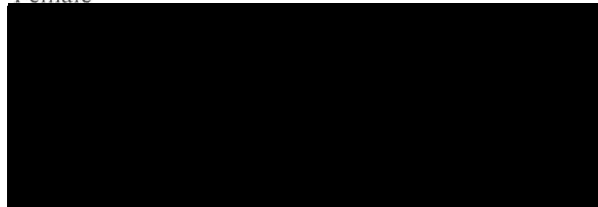
RACHEL ELIZABETH SHOWS
JEFFREY THOMAS SHOWS

MEMBER
MEMBER

50.00
50.00

THE MUSTARD SEED LHC LLC - MEMBER

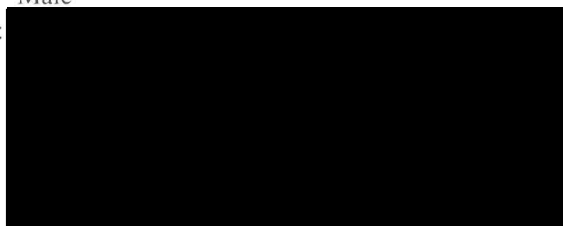
Name: RACHEL ELIZABETH SHOWS
Gender: Female
Correspondence Address:



Phone:
Alt. Phone:
Email:

THE MUSTARD SEED LHC LLC - MEMBER

Name: JEFFREY THOMAS SHOWS
Gender: Male
Correspondence Address:



Phone:
Alt. Phone:
Email:

APPLICATION INFORMATION

Application Number: 148578
Application Type: New Application **TA**
Created Date: 04/18/2021

QUESTIONS & ANSWERS

012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 2) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Property purchaser
- 3) Is there a penalty if lease is not fulfilled?
No
- 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.
60,000
- 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.
Contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
October 7th

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
INTERIM PERMIT (INP) NOTARY PAGE	FOR DLLC USE ONLY.pdf	09/18/2021
MENU	mustard seed menu.pdf	09/18/2021
DIAGRAM/FLOOR PLAN	Scanned Document.pdf	09/20/2021
QUESTIONNAIRE	Scanned Document 6.pdf	09/20/2021
QUESTIONNAIRE	Scanned Document 7.pdf	09/20/2021
MISCELLANEOUS	Scanned Document 5.pdf	09/20/2021
RECORDS REQUIRED FOR AUDIT	Scanned Document 2.pdf	09/20/2021
RESTAURANT OPERATION PLAN	Arizona Department of Liquor Licenses and Control.pdf	09/20/2021

State of Arizona
Department of Liquor Licenses and Control

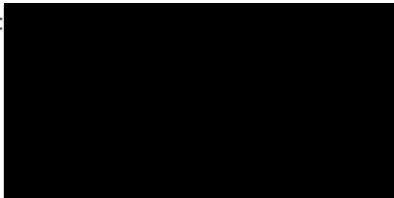
Created 10/04/2021 @ 08:59:27 AM

Local Governing Body Report

LICENSE

Number:	INP080015419	Type:	INP INTERIM PERMIT
Name:	THE MUSTARD SEED		
State:	Active		
Issue Date:	10/04/2021	Expiration Date:	01/17/2022
Original Issue Date:	10/04/2021		
Location:	2061 SWANSON AVENUE LAKE HAVASU CITY, AZ 86403 USA		
Mailing Address:			
Phone:			
Alt. Phone:			
Email:			

AGENT

Name:	RACHEL ELIZABETH SHOWS
Gender:	Female
Correspondence Address:	
Phone:	
Alt. Phone:	
Email:	

OWNER

Name:	THE MUSTARD SEED LHC LLC		
Contact Name:	RACHEL ELIZABETH SHOWS		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23206099	State of Incorporation:	AZ
Incorporation Date:	04/05/2021		
Correspondence Address:			
Phone:			
Alt. Phone:			
Email:			

Officers / Stockholders

Name:	Title:	% Interest:
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RACHEL ELIZABETH SHOWS
JEFFREY THOMAS SHOWS

MEMBER
MEMBER

50.00
50.00

THE MUSTARD SEED LHC LLC - MEMBER

Name: RACHEL ELIZABETH SHOWS
Gender: Female
Correspondence Address:

Phone:
Alt. Phone:
Email:

THE MUSTARD SEED LHC LLC - MEMBER

Name: JEFFREY THOMAS SHOWS
Gender: Male
Correspondence Address:

Phone:
Alt. Phone:
Email:

APPLICATION INFORMATION

Application Number: 161736
Application Type: New Application
Created Date: 09/20/2021

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
12683586 TA
- 2) Is the license currently in use? NO 91121 TA
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
YES TA



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

FOR DLLC USE ONLY

INP number:	INP08005419
Date Approved:	10/4/21
Expiration:	1/17/22
CSR:	TA
Fee:	\$100.00

Interim Permit (INP) Notary Page

SECTION 5 page 2 of the license application

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: 12083586
2. Is the license currently in use? ☐ Yes ☒ No If no, how long has it been out of use? Sept. 1 2021

NOTARY

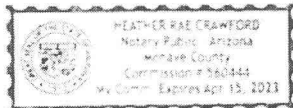
I (Print Full Name) ROBERT VARACCHI hereby declare that I am the Individual Owner, Agent, or Controlling Person on the stated license and location.

Signature: [Signature]

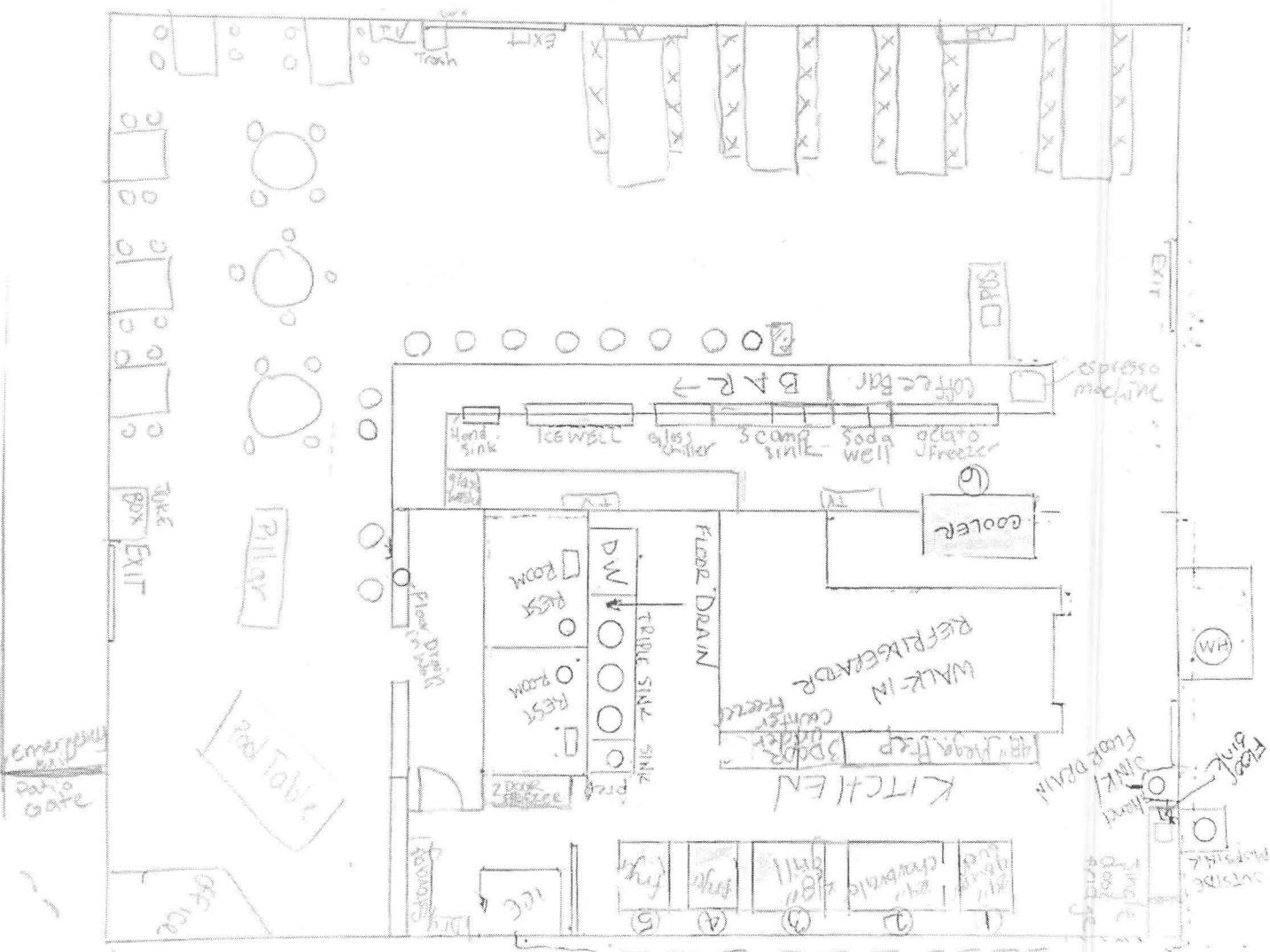
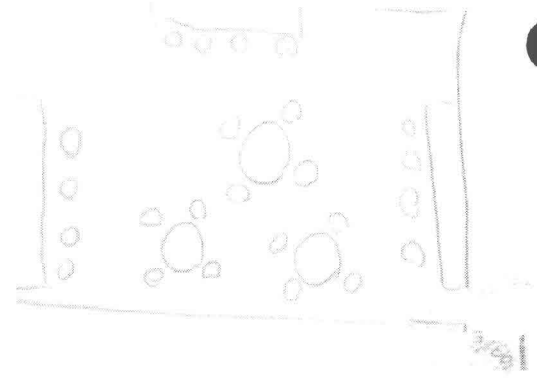
State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on: April 15, 2023
Date

17th Day of September, 2021
Day Month Year



[Signature]
Signature of Notary



2700 sq. ft.



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 #: 148578

RESTAURANT OPERATION PLAN

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

Grill	48" Migali
Oven	24" Chef AAA
Freezer	2 Door Chef AAA 80" high & 2 Door Undercounter
Refrigerator	Walk in & Chef AAA 1 door & 72" Chef base & 48" Prep
Sink	3 comp Sink & Prep Sink GSW
Dish Washing Facilities	3 comp Sink & EcoLab Dishwasher
Food Preparation Counter (Dimensions)	5' x 30" & 8 foot x 30"
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)

[64]

b. Bar area of your premises:

[+ 12]

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

[= 76]

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.) 33 %

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
1 Juke Box
5 Televisions

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.)

Karaoke 2 x a month
Live Band 2 x a month
Family Feud or Trivia 1 x per week

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

Position	How many
Cooks	3
Bartenders	2
Hostesses	2
Managers	2
Servers	8
Other (Dishwashers)	3
Other (Barista)	2
Other (Expo)	4

I, Rachel Shows, 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 Rachel Shows
(Signature of APPLICANT)

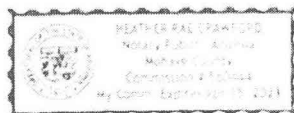
NOTARY

State of Arizona County of Monahave

The foregoing instrument was acknowledged before me this 20th day of September 2021
Day Month Year

My Commission Expires on: April 15, 2023
Date

Heather R. Crawford
Signature of Notary Public



8/22/2018

Page 2 of 2

Individuals requiring ADA accommodations call (602) 542-9027.



Arizona Department of Liquor Licenses and
Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
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	
<p>I, (Print Full Name) <u>Rachel Shows</u></p> <p>X (Signature) <u>[Signature]</u> Controlling Person / Agent</p> <p>My commission expires on: <u>April 15, 2023</u></p>	<p>have read and understand all aspects of this statement</p> <p>State of <u>Arizona</u> County of <u>Mohave</u> the foregoing instrument was acknowledged before me this</p> <p><u>20th</u> of <u>September</u> 20<u>21</u> Day Month Year</p> <p><u>[Signature]</u> Signature of NOTARY PUBLIC</p>
<div style="display: inline-block; border: 1px solid black; padding: 5px; text-align: left;"> HEATHER RAE CRAWFORD Notary Public - Arizona Mohave County Commission # 560448 My Comm. Expires Apr 15, 2023</div>	

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

The Mustard Seed

basic menu

Street Dogs

\$6-\$10

Chicago Dog
Revolution St.
Gaffey St.
Coney Island
Gut Buster
Mustard Seed OG
The Seedling
Pastrami Dog
Riot in the Streets

Street Tacos

\$2

carne asada
adobada
chicken

Loaded Fries

\$4-8

carne asada fries
Pastrami Fries
Riot in the streets
Gut Buster
Elote Fries

Elote

\$4-7

og elote
elote on fire
grilled elote
elote esquite

The Mustard Seed

basic menu cont.

Breakfast

\$4-\$10

Loaded Bowl

Basic Bowl

Burrito

B.E.G Sandwich

Potato bowl

loaded potato bowl

Yogurt parfait

oats cup

chia cups

Desserts

\$3-\$8

scoop of ice cream

cobbler al a mode

gelato

dipped apples