

**REVIEW COVER FOR AZ DEPT OF LIQUOR APPLICATIONS**

**i.e. Special Event, Permanent and Temporary Extension of Premise**

**EVENT TITLE/NAME:** Covid Govenor Relief

**EVENT DATE:** 12/2/20 through 6/1/21

**EVENT LOCATION:** Roadhouse



**APPLICANT NAME:** Mark Bradshaw

**DATE RECEIVED:** 12/2/20


**DEADLINE FOR COMMENTS:** 12/2/20

**CIRCULATED TO:**

**INITIALS FOR APPROVAL**

<b><u>PLANNING DEPARTMENT</u></b>	<i>Please sign off as reviewed</i>	
<b>COMMENTS:</b>		
Approved 		

<b><u>TOWN MARSHAL</u></b>	<i>Please sign off as reviewed</i>	ANS 128
<b>COMMENTS:</b>		
Approved. ANS 128		

<b><u>BUILDING &amp; FIRE OFFICIAL</u></b>	<i>Please sign off as reviewed</i>	
<b>COMMENTS:</b>		
This is NOT an approval for any buildings, tents, structures, electrical, plumbing or mechanical to be installed as part of this Extension of Premises. Additional permits may be required.		

<b><u>TOWN ENGINEER</u></b>	<i>Please sign off as reviewed</i>	
<b>COMMENTS:</b>		



**COPY**

**DLLC USE ONLY**

CSR:

Log #:



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

**APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT**

**\*OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING TO THE DEPARTMENT OF LIQUOR\***

**\*\*Notice: Allow 30-45 days to process permanent change of premises\*\***

Permanent change of area of service. **A non-refundable \$50. Fee will apply.** Specific purpose for change:

Temporary change (**No Fee**) for date(s) of: 12/02/2020 through 6/1/2021 list specific purpose for change:

Covid outside seating per governor relief seating

1. Licensee's Name: Bradshaw Mark Allen License#: 06070423

Last First Middle

2. Mailing address: po box 368, cave creek, az 85327

Street City State Zip Code

3. Business Name: Cave creek roadhouse

4. Business Address: 6900 e cave creek rd, cave creek az 85331

Street City State Zip Code

5. Email Address: Rick@hideaway-usa.com

6. Business Phone Number: 480-488-3300 Contact Phone Number: 480-332-7354

7. Is extension of premises/patio complete?  
If no, what is your estimated completion date?     /    /    

8. Do you understand Arizona Liquor Laws and Regulations?

Yes  No

9. Does this extension bring your premises within 300 feet of a church or school?

Yes  No

10. Have you received approved Liquor Law Training?

Yes  No

11. What security precautions will be taken to prevent liquor violation s in the extended area? Fencing in area to add seating. must use main entrance to be seated.

12. **IMPORTANT:** Attach the revised floor plan, clearly depicting your licensed premises along with the new extended area outlined in black marker or ink, ***if the extended area is not outlined and marked "extension" we cannot accept the application.***

COPY

Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption:

\_\_\_\_\_  
\_\_\_\_\_

Approval  Disapproval by **DLIC**: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

I, (Print Full Name) Mark Brandman hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.



Applicant Signature: [Handwritten Signature]

**GOVERNING BOARD**

After completion, and **BEFORE submitting to the Department of Liquor**, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

Approval  Disapproval

[Handwritten Signature] Town Manager Town of Cave Creek 12/03/2020  
Authorized Signature Title Agency Date

**DLIC USE ONLY**

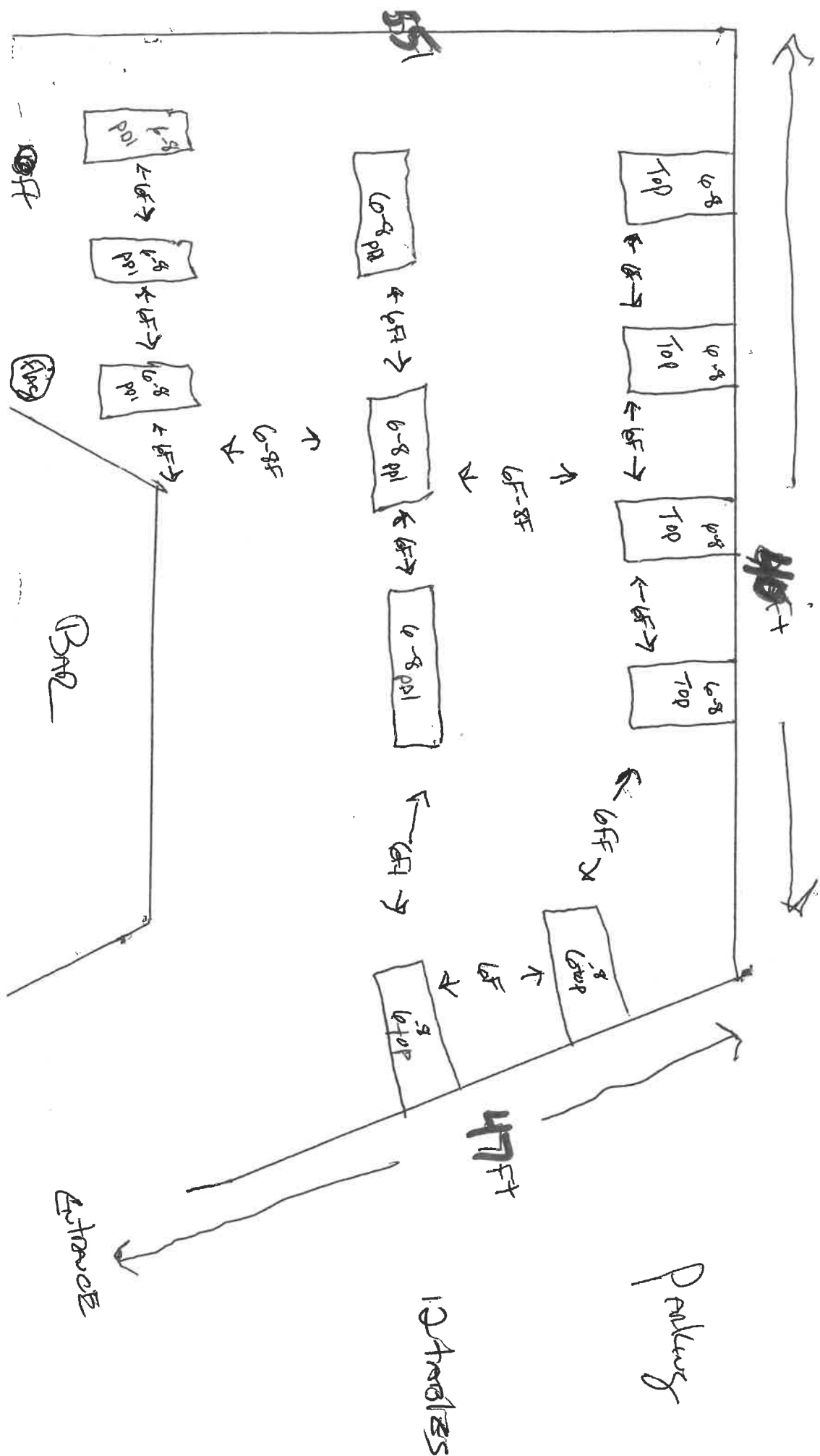
Investigation Recommendation:  Approval  Disapproval by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Director Signature required for Disapprovals: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parking

Diagram A

100  
80 person capacity



## Mitigation Measures for extended patio

1. Patio surrounded with 4 foot metal fencing as to make sure people are coming to host to be seated on new patio and being told rules for dining on new patio. IE. No standing, no socializing, no dancing, mask on when going to restroom or retail.
2. All 6ft tables are able to seat 6 to 8 people, 4 ft rounds 4 ppl. The tables will be distanced 6ft apart.
3. At all times: Operate as a dine-in restaurant by serving prepared food.
4. Require the use of masks at all times by staff and customers except while actively eating or drinking.
5. Develop, establish and implement written policies based on guidance from the CDC, Department of Labor, Occupational Safety and Health Administration (OSHA) and ADHS Requirements applicable to such business.
6. Promote healthy hygiene practices.
7. Intensify and modify, as necessary, cleaning and disinfection practices and ventilation.
8. Monitor all persons in the business premises for sickness.
9. Ensure physical distancing.
10. Provide necessary protective equipment to all persons in the business premises.
11. Allow for and encourage virtual visits and teleworking when feasible.
12. Limit the congregation of groups in the facility.



## Official Reopening Attestation for Bars/Nightclubs with a Food Permit Operating as a Restaurant

A separate attestation must be completed for each individual establishment based on the address at which that establishment operates.

County in which the establishment is physically located

**Maricopa**

***Your business is in a county that is currently in the Moderate transmission category.***

A separate attestation must be completed for each individual establishment based on the address at which that establishment operates.

Email Address

**Rick@hideaway-usa.com**

I hereby attest, by submitting this form, that the business entity listed below is acknowledging its understanding that it shall comply with the requirements of Emergency Measures 2020-02, 2020-04 and applicable ADHS Requirements and any other requirements or guidelines incorporated therein, including that the entity has or will:

While the county remains in the **moderate** transmission category:

- Limit the occupancy of the business premises to 50%

When the county transitions to the **minimal** transmission category:

- Limit the occupancy of the business premises to 50% until the percent positivity in the county is <3%

If the county transitions to the **substantial** transmission category:

- Comply with ADHS Requirements Bars and Nightclubs Providing Dine-In Services.

At all times:

- Operate as a dine-in restaurant by serving prepared food.
- Require the use of masks at all times by staff and customers except while actively eating or drinking.
- Develop, establish and implement written policies based on guidance from the CDC, Department of Labor, Occupational Safety and Health Administration (OSHA) and ADHS Requirements applicable to such business.
- Promote healthy hygiene practices.
- Intensify and modify, as necessary, cleaning and disinfection practices and ventilation.
- Monitor all persons in the business premises for sickness.
- Ensure physical distancing.
- Provide necessary protective equipment to all persons in the business premises.
- Allow for and encourage virtual visits and teleworking when feasible.
- Limit the congregation of groups in the facility.

### Attestation

By electronically submitting this form, the submitter is attesting under penalty of perjury that the foregoing is true and correct to the best of their knowledge, information, and belief, that they have authority to act on the behalf of the business and that the business, in all of its locations, agrees to be bound by this attestation.

By submitting this attestation, the business is agreeing to meet the guidance in the ADHS Requirements for the business located at [www.azhealth.gov/businesscovid19](http://www.azhealth.gov/businesscovid19), as may be updated or modified from time-to-time. Direct links to the requirements for each type of business are at the bottom of this Attestation form.

ADHS will publish changes in the Requirements not less than 48 hours before they become effective. Changes imposing additional requirements will be communicated to each business that has filed an attestation at the email address used to submit the attestation.

The business submitting this attestation agrees that ADHS or the county health department shall not be required to give prior notice of any inspection intended to determine compliance with this Attestation or the Requirements. This agreement does not authorize any warrantless search of the business premises.

Notwithstanding the submission of this attestation, if ADHS becomes aware of actions taken by the entity that jeopardize the health, safety, and welfare of the public or that the representations in this attestation are false, ADHS may take additional action as necessary to protect the health, safety and welfare of the public.

Name of the Business Establishment

**cave creek roadhouse**

Name of Individual Submitting this Attestation, and Title

**rick stahl**

Street Address of Business Establishment

**6900 e cave creek rd, cave creek**



# Map



Maricopa County Clerk Maricopa County Assessors Office

12/29/2020 1:56:17 PM

*Parking over 200 BIKES*

