



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

RESTAURANT OPERATION PLAN

DLLC USE ONLY LICENSE # _____

1. Name of restaurant (Please print): _____

2. List by Make, Model, and Capacity of your: **(If you attached a legible copy of your equipment list, only provide the following items:)**

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?) _____%

7. What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) _____%

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 (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	
Bartenders	
Hostesses	
Managers	
Servers	
Other ()	
Other ()	
Other ()	

I, _____, hereby declare that I am the APPLICANT filing this application.
 (Print full name)

I have read this application and the contents and all statements true, correct and complete.

X _____
 (Signature of APPLICANT)

<u>NOTARY</u>	
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