



Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy
Deputy Clerk

Administration Division
130 W. Congress, 5th Floor
Tucson, AZ 85701

Phone: (520)724-8449 • Fax: (520)222-0448

Document and Micrographics Mgt. Division
1640 East Benson Highway
Tucson, Arizona 85714

Phone: (520) 351-8454 • Fax: (520) 791-6666

January 26, 2015

Thomas Robert Aguilera
Corner's Ice House
4554 E. Camp Lowell Drive
Tucson, AZ 85712

RE: Arizona Liquor License No.: 06100039
d.b.a. Corner's Ice House

Dear Mr. Aguilera:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 6, Bar, which was received in our office on December 24, 2014. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, February 10, 2015, at 9:00 a.m. or thereafter, at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 W. Congress, 1st Floor
Tucson, AZ 85701

Should you have any questions pertaining to this matter, please contact this office at (520)724-8449.

Sincerely,

A handwritten signature in cursive script that reads "Robin Brigode, Deputy".

Robin Brigode
Clerk of the Board

Enclosure

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
www.azliquor.gov
(602) 542-5141

AFFIDAVIT OF POSTING

Date of Posting: 12/30/14 Date of Posting Removal: 1/20/15

Applicant Name: **Corner's Ice House**
Aguilera Thomas Robert
Last First Middle

Business Address: 3750 S. Old Spanish Trail Tucson, AZ 85730
Street City Zip

License #: 06100039

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

M. Powell Pima Co PROCESS SERVER 351-6000
Print Name of City/County Official Title Telephone #

M. Powell 1/20/15
Signature Date Signed

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

R-12/26 ✓
P-12/30 ✓
R-1/20

JAN 20 15 06 52 POC/KCF/DD BR



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Document and Micrographics Mgt. Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-8668

TO: Development Services, Zoning Division
FROM: Bernadette Russell *MJR for*
Administrative Support Specialist
DATE: December 24, 2014
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Thomas Robert Aguilera
d.b.a. Corner's Ice House
3750 S. Old Spanish Trail
Tucson, AZ 85730

Arizona Liquor License No. 06100039
Series 6, Bar
New License
Person Transfer
Location Transfer

ZONING REPORT

DATE: 12/31/14

Will current zoning regulations permit the issuance of the license at this location?

Yes No

If No, please provide the following:

Pursuant to Pima County Zoning Code, Section: _____

the applicant must: _____

[Handwritten Signature]
Pima County Zoning Inspector

DEC 31 14 14:04:26 PC CLK OF BD



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Tucson, AZ 85701
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Document and Micrographics Mgt. Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

TO: Pima County Sheriff's Department
Investigative Support Unit
FROM: Bernadette Russell (with initials)
Administrative Support Specialist
DATE: December 24, 2014
RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Thomas Robert Aguilera
d.b.a. Corner's Ice House
3750 S. Old Spanish Trail
Tucson, AZ 85730

Arizona Liquor License No. 06100039

Series 6, Bar

New License

Person Transfer [X]

Location Transfer []

SHERIFF'S REPORT

DATE: 01/20/15

Is there any reason this application should not be recommended for approval?

NOTHING NOTED

Investigative Support Unit Supervisor

122 6

JAN 28 15 09 56 P C L K OF B D

Arizona Department of Liquor Licenses and Control
 800 West Washington, 5th Floor
 Phoenix, Arizona 85007
 www.azliquor.gov
 602-542-5141

14-44-9212

APPLICATION FOR LIQUOR LICENSE
 TYPE OR PRINT WITH **BLACK INK**

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- MORE THAN ONE LICENSE
- INTERIM PERMIT *Complete Section 5*
- NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
- LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
- PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- J.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER (Explain) _____

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SECTION 3 Type of license and fees LICENSE #(s): #06100039

1. Type of License(s): _____
 2. Total fees attached: \$ 222.00 Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.
 The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. Aguilera Thomas Robert
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Old Genuine Hospitality, LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Corner's Ice House
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 3750 S. Old Spanish Trail Tucson Pima 85730
(Do not use PO Box Number) City County Zip
5. Business Phone: (520) 886-2020 Daytime Phone: (520) 622-1557 Email: thomas@aguileralawgroup.com
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: 4554 E. Camp Lowell Drive Tucson AZ 85712
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type 6 \$ 20,000 Type _____ \$ _____

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DEPARTMENT USE ONLY

Fees: 100.00 Application 100.00 Interim Permit 22.00 Site Inspection 22.00 Finger Prints \$ 222.00
 TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? YES NO

Accepted by: EU Date: 12.22.14 Lic. # D0100039

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 06100039
4. Is the license currently in use? YES NO If no, how long has it been out of use? _____

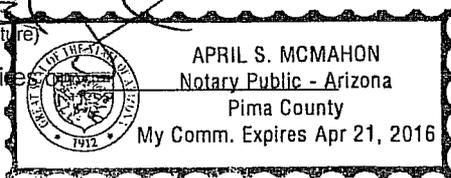
ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, Thomas Robert Aguilera, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of Arizona County of Pima

X _____
(Signature)

My commission expires _____



The foregoing instrument was acknowledged before me this

19 day of December 2014
Day Month Year

April S. McMahon
(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City	State	Zip
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? YES NO

If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

14 DEC 22 11:49 AM 1050

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 06100039

Issue Date: 12/7/2012

Expiration Date: 9/30/2015

Issued To:

THOMAS ROBERT AGUILERA, Agent
CORNERS ICE HOUSE LLC, Owner

Bar

Mailing Address:

THOMAS ROBERT AGUILERA
CORNERS ICE HOUSE LLC
CORNERS ICE HOUSE
4554 E CAMP LOWELL DR
TUCSON, AZ 85712

Location:

CORNERS ICE HOUSE
3750 S OLD SPANISH TRL
TUCSON, AZ 85730

EXP 9/30/2015



POST THIS LICENSE IN A CONSPICUOUS PLACE

17 DEC 22 1997

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- CORPORATION *Complete questions 1, 2, 3, 5, 6, 7, and 8.*
- L.L.C. *Complete 1, 2, 4, 5, 6, 7, and 8.*

1. Name of Corporation/L.L.C.: Old Genuine Hospitality, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: December 3, 2014 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1968590-2 Date authorized to do business in AZ: 12/05/2014
5. Is Corp./L.L.C. Non-profit? YES NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
Mislinski	Kade	Reid	Mgr/Mbr	725 S. Osborne Ave, Tucson AZ	85701

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
Mislinski	Kade	Reid	100%	725 S. Osborne Ave, Tucson AZ	85701

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? YES NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

14 DEC 22 11:41 AM 1050

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

- 1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
- 2. Assignee's Name: _____
Last First Middle
- 3. License Type: _____ License Number: _____ Date of Last Renewal: _____
- 4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

- 1. Governmental Entity: _____
- 2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

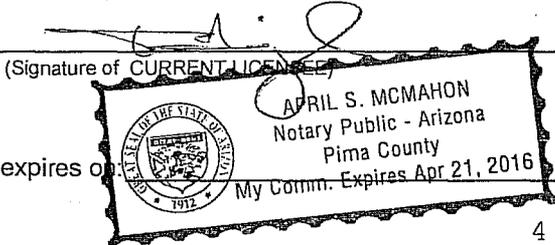
SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

- 1. Current Licensee's Name: Aguilera Thomas Robert Entity: Agent
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
- 2. Corporation/L.L.C. Name: Corner's Ice House, LLC
(Exactly as it appears on license)
- 3. Current Business Name: Corner's Ice House
(Exactly as it appears on license)
- 4. Physical Street Location of Business: Street 3750 S. Old Spanish Trail
City, State, Zip Tucson AZ 85730
- 5. License Type: Series 6 License Number: 06100039
- 6. If more than one license to be transferred: License Type: _____ License Number: _____
- 7. Current Mailing Address: Street 4554 E. Camp Lowell Drive
(Other than business) City, State, Zip Tucson AZ 85730
- 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
- 9. Does the applicant intend to operate the business while this application is pending? YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, Thomas Robert Aguilera, hereby authorize the department to process this application to transfer the privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, Thomas Robert Aguilera, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.



State of Arizona County of Pima
 The foregoing instrument was acknowledged before me this 19 December 2014
 Day Month Year
April S. McMahon
 (Signature of NOTARY PUBLIC)

14 DEC 22 4:47:14 PM 1050

My commission expires on _____

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 2.1 Miles ft. Name of school Seacrist Middle School
Address 3400 S. Houghton Road, Tucson AZ 85730
City, State, Zip

2. Distance to nearest church: 2,640 ft. Name of church Old Spanish Trail Church of Christ
Address 11795 E. Old Spanish Trail Tucson AZ 85730
City, State, Zip

3. I am the: Lessee Sublessee Owner Purchaser (of premises)

4. If the premises is leased give lessors: Name OT Mesquite LLC
Address 255 N Rosemont, #14890 Tucson AZ 85732
City, State, Zip

4a. Monthly rental/lease rate \$ 5,000.00 What is the remaining length of the lease 1 yrs. mos.

4b. What is the penalty if the lease is not fulfilled? \$ _____ or other Statutory Remedies
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ see below
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
OT Mesquite, LLC			\$20,000.00	255 N Rosemont, #14890 Tucson AZ	85732	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Full service restaurant/Bar

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SECTION 13 - continued

- 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
 YES NO If yes, attach explanation.
- 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO
- 9. Is the premises currently licensed with a liquor license? YES NO If yes, give license number and licensee's name:

License # 06100039 (exactly as it appears on license) Name ~~Corner's Ice House~~ Thomas Robert Aguilera

SECTION 14 Restaurant or hotel/motel license applicants:

- 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO
 If yes, give the name of licensee, Agent or a company name:
 _____ and license #: _____
 Last First Middle
- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this hotel/motel restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

 applicant's signature

As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

 applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

- 1. Check ALL boxes that apply to your business:
 Entrances/Exits Liquor storage areas Patio: Contiguous
 Service windows Drive-in windows Non Contiguous
- 2. Is your licensed premises currently closed due to construction, renovation, or redesign? YES NO
 If yes, what is your estimated opening date? _____
 month/day/year
- 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

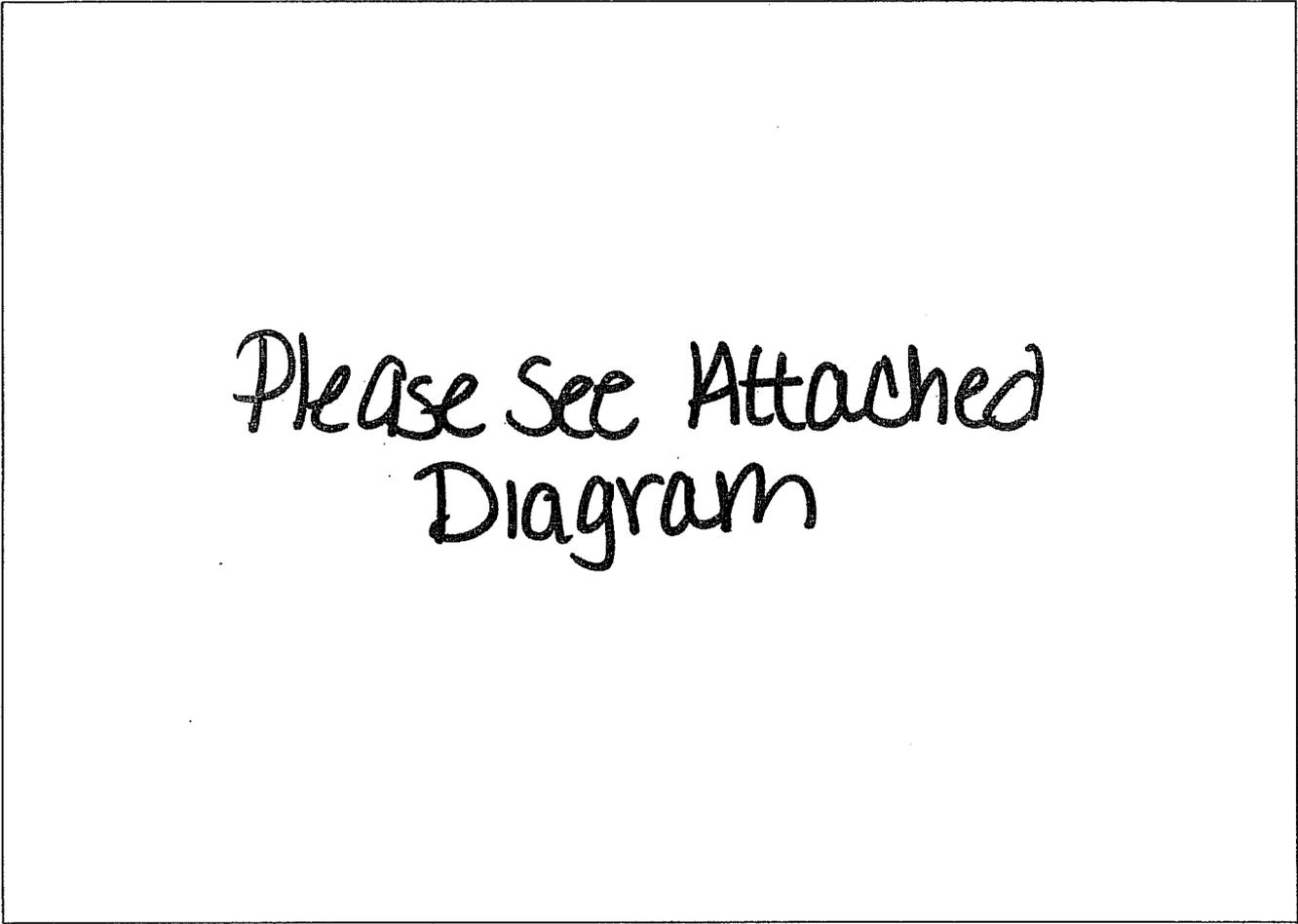
 TA
 applicants initials

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SECTION 15 Diagram of Premises

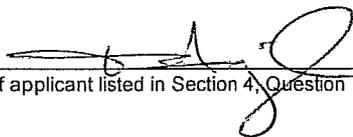
4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

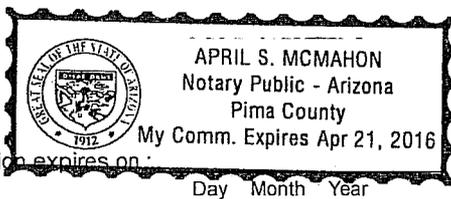


SECTION 16 Signature Block

I, Thomas Robert Aguilera, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X 
(signature of applicant listed in Section 4, Question 1)

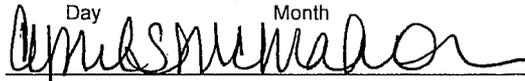
State of Arizona County of Pima



My commission expires on:

Day Month Year

The foregoing instrument was acknowledged before me this 20th of December, 2014


signature of NOTARY PUBLIC

PATIO AREA
5' Masonry Wall

33' RETAINING WALL

Emergency Exit

210' STAIRS

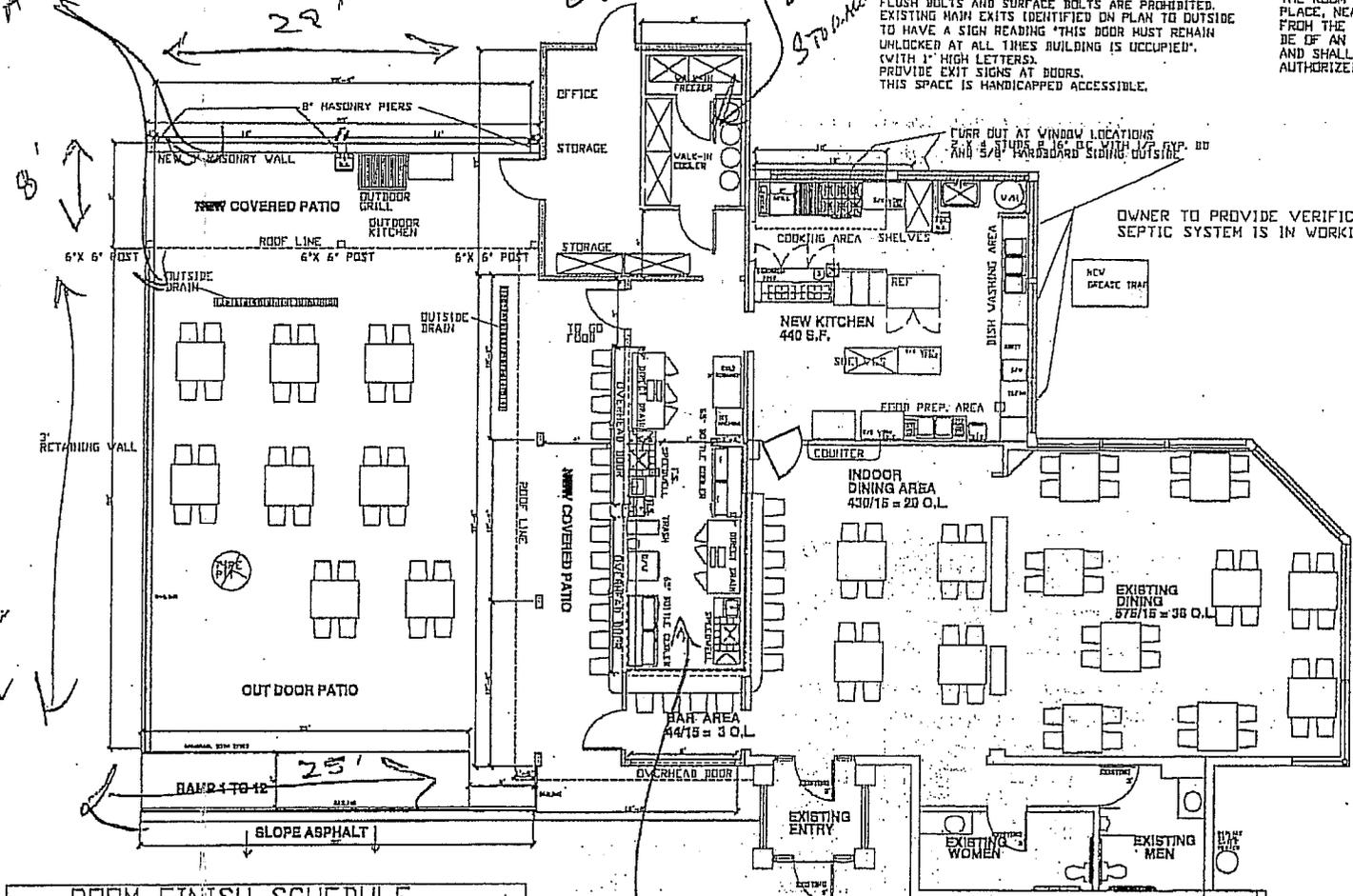
WITHOUT THE USE OF A KEY OR SPECIAL KNOWLEDGE, MANUALLY OPERATED EDGE OR SURFACE MOUNTED FLUSH BOLTS AND SURFACE BOLTS ARE PROHIBITED. EXISTING MAIN EXITS (IDENTIFIED ON PLAN TO OUTSIDE TO HAVE A SIGN READING "THIS DOOR MUST REMAIN UNLOCKED AT ALL TIMES BUILDING IS OCCUPIED" (WITH 1" HIGH LETTERS). PROVIDE EXIT SIGNS AT DOORS. THIS SPACE IS HANDICAPPED ACCESSIBLE.

EVERY ROOM OR SPACE THAT IS AN ASSEMBLY OCCUPANCY SHALL HAVE THE OCCUPANT LOAD OF THE ROOM OR SPACE POSTED IN A CONSPICUOUS PLACE, NEAR THE MAIN EXIT ACCESS DOORWAY FROM THE ROOM OR SPACE. POSTED SIGNS SHALL BE OF AN APPROVED LEGIBLE PERMANENT DESIGN AND SHALL BE MAINTAINED BY THE OWNER OR AUTHORIZED AGENT

CURR OUT AT WINDOW LOCATIONS 2" X 4" STUDS @ 16" O.C. WITH 1/2" GYP. BO AND 5/8" PARABORD SIDING OUTSIDE

OWNER TO PROVIDE VERIFICATION THAT SEPTIC SYSTEM IS IN WORKING CONDITION.

Area approx 1,500 Sq. Ft.



ROOM FINISH SCHEDULE											
ROOM NAME	FLOOR	WALL	CEILING	DOOR	TRIM	GLASS	MECHANICAL	FIXTURES	PAINT	FINISH	NOTES
DINING AREA											
KITCHEN											
OFFICE/STORAGE											
BAR											

FLOOR PLAN

SCALE 1/4" = 1'-0"

EXISTING BATHROOM - WOMEN'S RESTROOM REMOVE WC FIXTURE AND PARTITION. HENS ROOM REMOVE WC AND PARTITION. INSTALL NEW PLUMBING AND FIXTURES THROUGHOUT. REPLACE FLOORING AND REFINISH WALLS FOR BOTH RESTROOMS.

Bar Area
Lava Stone



VVC DESIGN ARCHITECT
1970 N. GARDEN LN
TUCSON AZ 85713-1010

ICE HOUSE AT BAQUARO DOMINIO

DATE: 12/14/14
PROJECT: 14

A2
SHEET 2 OF 11

12 JUN 22 11:49 AM '14

14 DEC 22 11:49 AM '14