

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) 351-8456

June 11, 2013

Ms. Daniela Borella
Caffe Torino in the Foothills
10325 N. La Canada Dr., No. 151
Oro Valley, AZ 85737

RE: Pima County Liquor License No.: 13-09-9151
d.b.a. Caffe Torino in the Foothills

Dear Ms. Borella:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 12, Restaurant, which was received in our office on May 16, 2013. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, July 2, 2013, 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

For your information, enclosed is a copy of the Sheriff's Report. Any questions pertaining to the enclosed report should be directed to the Pima County Sheriff's Department at 351-6999. If you have any questions pertaining to the above referenced hearing, please contact this office at 724-8449.

Sincerely,

A handwritten signature in black ink that reads "Robin Brigode". The signature is fluid and cursive, with the first name "Robin" and last name "Brigode" clearly visible.

Robin Brigode
Clerk of the Board

Enclosure

c: Pima County Sheriff
Investigative Support Unit

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: 5/17/13 Date of Posting Removal: 6/10/13

Caffe Torino in the Foothills

Applicant Name: Borella Daniela
Last First Middle

Business Address: 5605 E. River Road, No. 121 Tucson, AZ 85750
Street City Zip

License #: 13-09-9151
12104242

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.

PETER HODAD DINA CITY SO #7356 954 5967
Print Name of City/County Official Title Telephone #

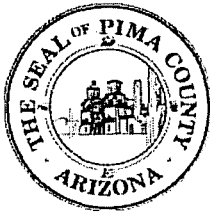
[Signature] 7356 6/10/13
Signature Date Signed

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

JUN 11 13 PM 10:27 CLK DFD



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Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 351-8456

TO: Development Services, Zoning Division
FROM: Maria Buenamea, Office Manager *MB*
DATE: May 16, 2013
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Daniela Borella
d.b.a. Caffe Torino in the Foothills
5605 E. River Road, No. 121
Tucson, AZ 85750

Pima County Liquor License No. 13-09-9151
Series 12, Restaurant
New License X
Person Transfer
Location Transfer

ZONING REPORT

DATE: 5/21/13

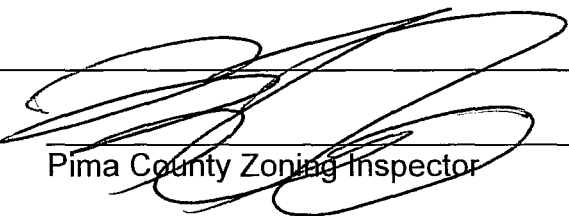
Will current zoning regulations permit the issuance of the license at this location?

Yes ☒ No ☐

If No, please provide the following:

Pursuant to Pima County Zoning Code, Section: _____

the applicant must: _____


Pima County Zoning Inspector

MAY 23 13 PM 01:15 POC CLK 0113

Arizona Department of Liquor Licenses and Control

800 West Washington 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

13-09-9151

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) _____

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

1. Type of License(s): Restaurant

2. Total fees attached: \$

Department Use Only

250-00

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. Borella Daniela ☒ Ms. Borella LLC
(Insert one name ONLY to appear on license) Last First Middle B1034834
2. Corp./Partnership/L.L.C.: Borella LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Caffe Torino in the Foothills B1012139
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 5605 E River Rd #121 TULSON, AZ Pima 85750
(Do not use PO Box Number) City County Zip
5. Business Phone: (520) 300-6860 Daytime Phone: (520) 784-8600 Email: CaffeTorinoFoothills@gmail.com
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☒ NO
7. Mailing Address: 10325 N LA CANADA #151 ORO VALLEY AZ 85737
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: 100.00 100.00 50.00 0 250.00
Application Interim Permit Site Inspection Finger Prints \$
TOTAL OF ALL FEES

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

Accepted by: JB Date: 05-14-13 Lic. # 12104242

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. 1210347
4. Is the license currently in use? ☐ YES ☒ NO If no, how long has it been out of use? 2 months

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

I, John Joseph AHERN JR, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X [Signature] 4/16/13
(Signature)

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

My commission expires on: July 3, 2015 day of April, 2013
Month Year



MELISSA J SEBESTA
Notary Public - Arizona
Pima County
My Comm. Expires Jul 3, 2015

[Signature]
(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#

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

License 12103407

Issue Date: 9/20/2001

Expiration Date: 9/30/2013

Issued To:

JOHN JOSEPH AHERN, JR., Agent
AHERN & AHERN INC, Owner

Restaurant

Mailing Address:

JOHN JOSEPH AHERN, JR.
AHERN & AHERN INC
RIC'S CAFE
5605 E RIVER RD STE 121
TUCSON, AZ 85750

Location:

RIC'S CAFE
5605 E RIVER RD STE 121
TUCSON, AZ 85750

EXP 9/30/2013



POST THIS LICENSE IN A CONSPICUOUS PLACE

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.: Borella LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 3/6/2006 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 1267569-3 Date authorized to do business in AZ: 4/3/2006

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
Borella	Daniela		managing member	10281 N. Cape Fear	Oro Valley	AZ	85737

(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
Borella	Daniela		100	10281 N Cape Fear	Oro Valley	AZ	85737

(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)

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: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transfered: License Type: _____ License Number: _____
7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
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, _____, hereby authorize the department to process this application to transfer the
(print full name)
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, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

(Signature of NOTARY PUBLIC)

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: 2000 ft. Name of school CHILDTIME
Address 5675 E River Rd 85750
City, State, Zip
2. Distance to nearest church: 8000 ft. Name of church San Pedro Chapel
Address 5230 E. Ft Lowell Rd TUCSON 85718
City, State, Zip
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name Larsen Baker
Address 6298 E GRANT RD. TUCSON, AZ 85712
City, State, Zip
- 4a. Monthly rental/lease rate \$ 60100- What is the remaining length of the lease 19 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ 150 or other Late fee
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 150,000
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
NONE						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? RESTAURANT

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 # 12103407 (exactly as it appears on license) Name ATHERNE AHERN WLC
John Joseph Atherne Jr

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:
ATHERN John Joseph and license # 1210347
 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.

[Signature]

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.

[Initials]
 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? 6/4/2013
 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.

[Initials]
 applicants initials

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.

See ATTACHED Diagram

13 MAY 14 11:47 AM 134

SECTION 16 Signature Block

I, DANIELA BOPELLA, hereby declare that I am the OWNER/AGENT filing this
(print full name of applicant)

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]

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

State of ARIZONA County of MARICOPA



My commission expires on _____
Day Month Year

The foregoing instrument was acknowledged before me this
14 of MAY, 2013
Day Month Year

[Signature]
signature of NOTARY PUBLIC

13 MAY 14 12P, L.C. PM 134

2716 TOTAL Square Footage

FINISH SCHEDULE

NO.	DESCRIPTION	QTY	UNIT
1	CEILING		
2	FLOOR		
3	WALL		
4	DOOR		
5	WINDOW		
6	PAINT		
7	GLASS		
8	METAL		
9	WOOD		
10	PLASTER		
11	CONCRETE		
12	BRICK		
13	STONE		
14	ROOFING		
15	MECHANICAL		
16	ELECTRICAL		
17	HEATING		
18	Cooling		
19	PLUMBING		
20	Sanitary		
21	Other		

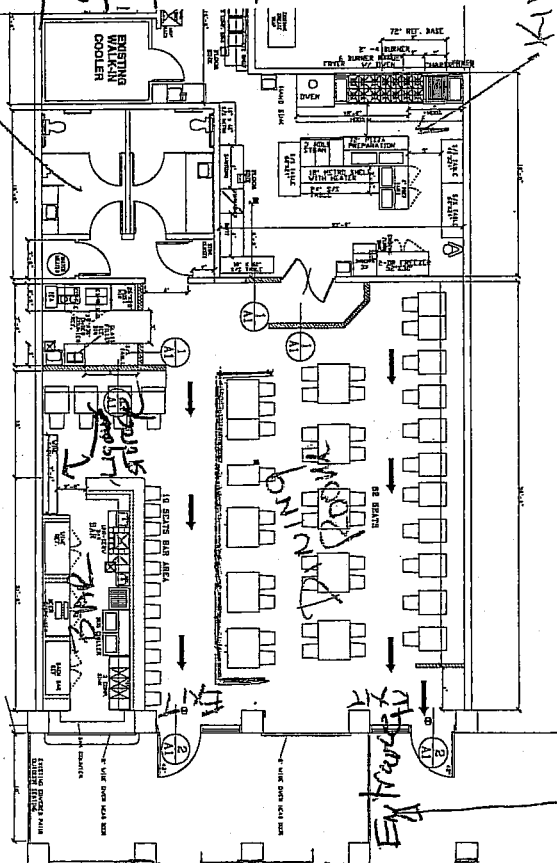
FLOOR PLAN
1/4" = 1'-0"

FULL HEIGHT PARTITIONS = [hatched pattern]

EXIT LIGHT = [circle with X]

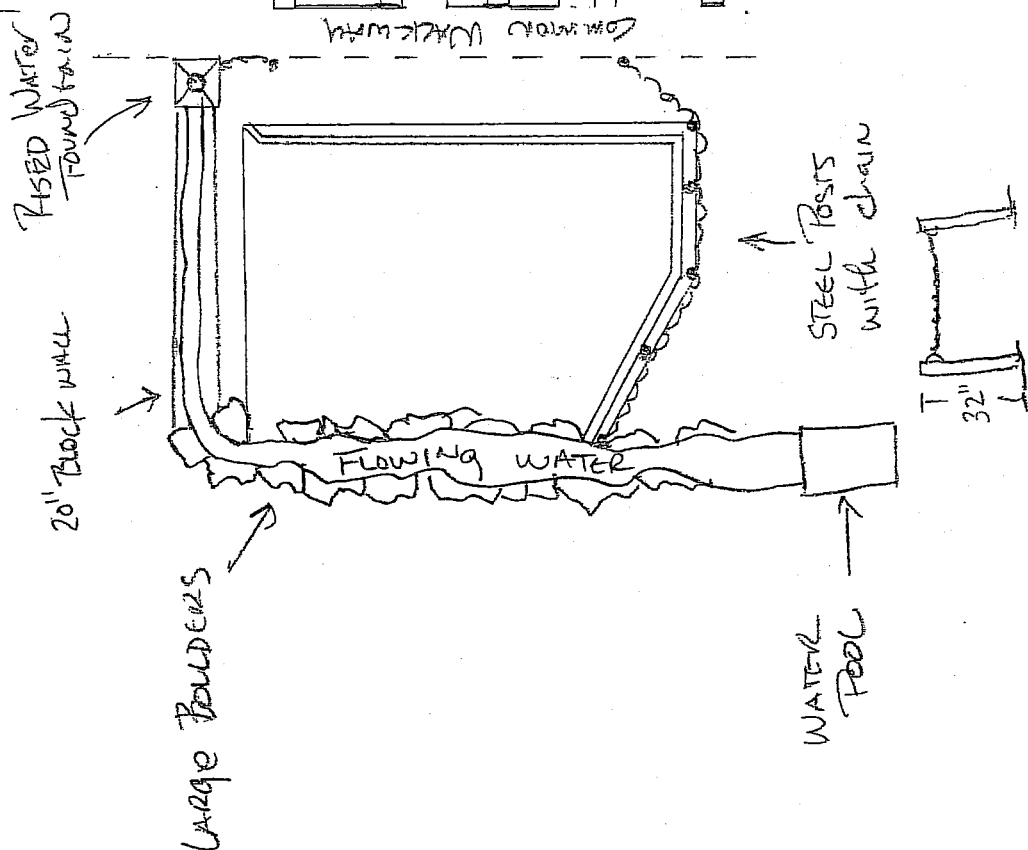
WALL PACE EGRESS - EXIT CORNER = [square]

ACCESSIBLE ROUTE = [arrow]



36" STEEL RAILING
w/ PERFORATED METAL

EXISTING COLUMN



13 MAY 14 Lic. Lic. PM 1 34

COUNTY HEALTH STANDARD REQUIREMENTS

SINKS

FLOOR SINKS

1. ALL FLOOR SINKS THAT ARE PARTIALLY UNDER MILLWORK MUST BE "BOXED OUT" INCLUDING MILLWORK TO PROVIDE FULL ACCESS.
2. ALL FLOOR SINKS MUST BE FULLY ACCESSIBLE NO FLOOR SINKS UNDER STATIONARY OR IMMOVABLE EQUIPMENT OR MILLWORK.

GENERAL NOTES

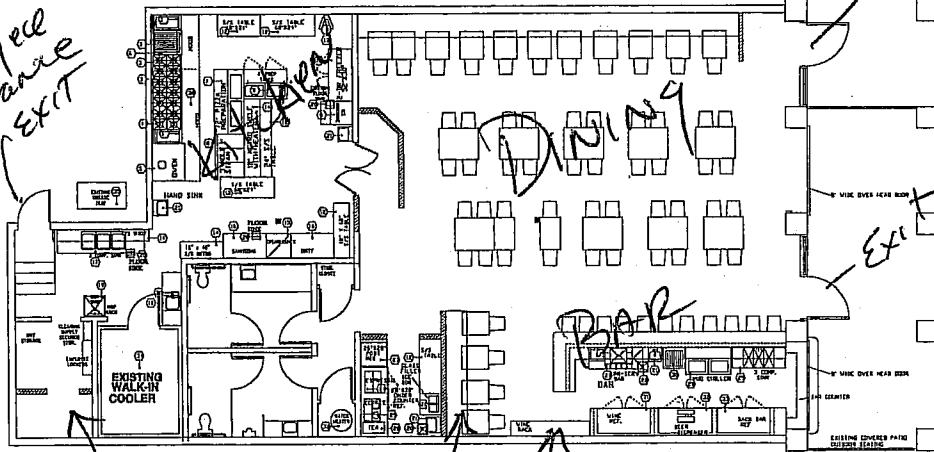
1. REDUCED PRESSURE BACK FLOW PREVENTER (RPBP) MUST BE INSTALLED ON WATERLINE TO CARBONATOR.
- NO COPPER OR BRASS DOWNSTREAM FROM RPBP
- INSTALL WATER FILTER BEFORE RPBP.
- TEST AND CERTIFY RPBP BEFORE FINAL INSPECTION.
- PROVIDE COPY OF RPBP'S CERTIFICATION TO HEALTH DEPARTMENT.
2. ALL UTILITY AND WASTE EQUIPMENT SHOULD BE SEGREGATED FROM WARE WASHING AND FOOD PREPARATION AREAS.
3. EPOXY PAINT HAVE SMOOTH, NO TEXTURE (NO ORANGE PEEL, NO "KNOCK DOWN") FINISH IN KITCHEN. CERAMIC TILE MUST USE EPOXY IMPREGNATED GROUT OR COUNTY HEALTH APPROVED EQUAL IN KITCHEN.

4. SELF-CLOSING DOORS REQUIRED ON ALL RESTROOMS AND ENTRANCES OR EXITS TO FACILITY.
5. CEILINGS AND WALL SHALL BE WASHABLE, SMOOTH DURABLE AND LIGHT-COLORED IN ALL AREAS OF FOOD PREPARATION AND WARE WASHING.
6. IF POWER WASH METHOD IS USED FOR CLEANING FLOORS, THEN COVE SHALL BE INSTALLED TO JOIN FLOORS WITH WALLS IN AFFECTED AREAS.
7. HOT AND COLD WATER PROVIDED AT ALL SINKS.
8. ALL EQUIPMENT MUST MEET NSF-APPROVED OR EQUIVALENT STANDARDS.
9. DRAIN LINES SHALL BE 6" ABOVE FLOORS SO FLOORS CAN BE CLEANED.
10. RESTROOMS REQUIRE FORCE-AIR MECHANICAL VENTILATION. EXHAUST FAN SHALL BE VENTED THROUGH THE ROOF AND ACTIVATED BY SWITCH OR RUN CONTINUOUSLY DURING HOURS OF OPERATION.
11. LIGHTS IN FOOD PREPARATION AREAS ARE TO BE SHIELDED WITH PLASTIC SHIELDS.
12. DUMPSTER LOCATED BEHIND BUILDING IN PARKING AREA ON CONCRETE SURFACE.

COOKING EQUIPMENT

1. PROVIDE ONE PIECE, ATTENUATING ON CASTER OR SPACED 18" FROM WALL OR ADJACENT EQUIPMENT OR EQUIPMENT LINE SEALED TOGETHER.
- SANDWICH TABLE ONE MUST BE EASILY MOVABLE BY DEFINITION OR PLACED ON CASTERS.

employee entrance exit



FOOD, DRINK AND SERVICE COUNTER IS ACCESSIBLE PER ICC/ANSI SEC. 902.3 & 902.4 & SEC. 904.3
SEC. 902.3 - HEIGHT TOP OF DINING & WORK SURFACES SHALL BE 38" MIN. & 34" MAX. IN HEIGHT
CLEAR FLOOR SPACE UNDER COUNTER FOR KNEE AND TOE CLEARANCE

EQUIPMENT PLAN

ICC 10B2.6.1 DINING SURFACES
FIXED OR BUILT-IN SEATING OR TABLES WHERE FIXED OR BUILT-IN SEATING OR TABLES ARE PROVIDED IN DINING AREA AT 55" SHALL BE ACCESSIBLE AND BE DISTRIBUTED THROUGHOUT THE FACILITY

Liquor Storage

ITEM	MINIMUM EQUIPMENT	MINIMUM ACCESS	MINIMUM	MINIMUM
1	1. SINKS AND REFRIGERATORS	1. SINKS AND REFRIGERATORS	1. SINKS AND REFRIGERATORS	1. SINKS AND REFRIGERATORS
2	2. SINKS AND REFRIGERATORS	2. SINKS AND REFRIGERATORS	2. SINKS AND REFRIGERATORS	2. SINKS AND REFRIGERATORS
3	3. SINKS AND REFRIGERATORS	3. SINKS AND REFRIGERATORS	3. SINKS AND REFRIGERATORS	3. SINKS AND REFRIGERATORS
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NOTE TO OWNER
COUNTY HEALTH REQUIREMENT LARGEST POTS OR TRAYS MUST FIT IN THREE CORN. SINK OR DISHWASHER FOR CLEANING.

