



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 #: \_\_\_\_\_

**RESTAURANT OPERATION PLAN**

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

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 8.5  
 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.  
 I have read this application and the contents and all statements true, correct and complete.

X \_\_\_\_\_  
 (Signature of APPLICANT)

<b><u>NOTARY</u></b>	
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