

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

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

DLLC



400 W Congress #150  
Tucson AZ 85701-1352  
(520) 628-6595

2003 JAN 28

## APPLICATION FOR LIQUOR LICENSE

53-DR-2002#2  
3/22/04

8-CC-2003

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:

JAN 31 2003

## SECTION 2 Type of ownership:

- ☐ INTERIM PERMIT Complete Section 5  
☐ NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16, 17  
☒ PERSON TRANSFER (Bars & Liquor Stores ONLY)  
 Complete Sections 2, 3, 4, 11, 13, 15, 16, 17  
☒ LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
 Complete Sections 2, 3, 4, 12, 13, 15, 16, 17  
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
 Complete Sections 2, 3, 4, 9, 13, 15, 17 (fee not required)  
☐ GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16, 17

- ☐ 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 #: 06070420

1. Type of License: Series 6 2. Total fees attached: \$ 224.00

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. 44.6852)

## SECTION 4 Applicant: (All applicants must complete this section)

1. Applicant/Agent's Name: Mr. Lewkowitz, H. J.  
 (Insert one name ONLY to appear on license) Last First Middle  
 2. Corp./Partnership/L.L.C.: Lucid Entertainment, Inc.  
 (Exactly as it appears on Articles of Inc. or Articles of Org.)  
 3. Business Name: Pussycat Lounge  
 (Exactly as it appears on the exterior of premises)  
 4. Business Address: 4426 N. Saddlebag Trail, Scottsdale, Maricopa 85251  
 (Do not use PO Box Number) City COUNTY Zip  
 5. Business Phone: ( ) pending Residence Phone: ( )  
 6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO  
 7. Mailing Address:   
 City State Zip  
 8. Enter the amount paid for a 06, 07, or 09 license: \$ (Price of License ONLY)

## DEPARTMENT USE ONLY

Accepted by: M. Bustamante Date: 1-28-03 Lic. # 06070420  
 Fees: 200 - Application Interim Permit Agent Change Club F. Prints \$ 224 - TOTAL

PROCESSING APPLICATIONS TAKES APPROXIMATELY 90 DAYS, AND CIRCUMSTANCES OFTEN RESULT IN A LONGER WAITING PERIOD.  
 YOU ARE CAUTIONED REGARDING PLANS FOR A GRAND OPENING, ETC., BEFORE FINAL APPROVAL AND ISSUANCE OF THE LICENSE.

**SECTION 5 Interim Permit:**

If you intend to operate business while your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.

There **MUST** be a valid license of the same type you are applying for currently issued to the location.

Enter the license number currently at the location. 2003 JAN 28 P 4:21

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.**

\_\_\_\_\_, declare that I am the **CURRENT LICENSEE** of the stated license and  
(Print full name)  
cation. I have read this application and the contents and all statements are true, correct and complete.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

(Signature)

\_\_\_\_\_ day of \_\_\_\_\_  
Day of Month Month Year

My commission expires on: \_\_\_\_\_

(Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

**Each person listed must submit a completed form "LIC001", an "APPLICANT" type fingerprint card, and \$24 fee for each card.**

Individual:

Last	First	Middle	% Owned	Residence Address	City State Zip
			%		

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

General-Limited	Last	First	Middle	% Owned	Residence 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"/>				%		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED FORM "LIC0101", AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 FEE FOR EACH CARD.

☒ CORPORATION☐ L.L.C.

Complete questions 1, 2, 3, 5, 6, 7, 8.

Complete questions 1, 2, 4, 5, 6, 7 and attach copy of Articles of Org. and Operation Agreement.

1. Name of Corporation/L.L.C.:

JAN 23 11:21 AM 2003  
L.A. Red Entertainment, Inc.

(Exactly as it appears on Articles of Inc. or Articles of Org.)

2. Date Incorporated/Organized:

09/18/01

State where Incorporated/Organized:

California

3. AZ Corporation Commission File No.:

F10613436

Date authorized to do business in AZ:

pending

4. AZ L.L.C. File No.:

Date authorized to do business in AZ:

5. Is Corp./L.L.C. non-profit? ☐ YES ☒ NO If yes, give IRS tax exempt number:

6. List all directors/officers in Corporation/L.L.C.:

Last	First	Middle	Title	Residence Address	City	State	Zip
Asher, William	Michael	Fitzgerald	Pres./Sec.	[REDACTED]			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders or controlling members owning 10% or more:

Last	First	Middle	% Owned	Residence Address	City	State	Zip
Asher, William	Michael	Fitzgerald	100%	See Above			
			%				
			%				
			%				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach an ownership, and director/officer/members disclosure for the parent entity. Attach additional sheets as necessary in order to disclose real people.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED FORM "LIC0101", AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 FEE FOR EACH CARD.

1. Name of Club:

(Exactly as it appears on Club Charter)

Date Chartered:

(Attach a copy of Club Charter)

2. Is club non-profit? ☐ YES ☐ NO If yes, give IRS tax exempt number:

3. List officer and directors:

Last	First	Middle	Title	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

Current Licensee's Name: \_\_\_\_\_  
(exactly as it appears on license) Last First Middle

Assignee's Name: \_\_\_\_\_  
Last First Middle

License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_

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)

Person to administer this license: \_\_\_\_\_  
Last First Middle

Assignee's Name: \_\_\_\_\_  
Last First Middle

**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).

Current Licensee's Name: Sevilla, Karen Entity: Agent  
(exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)

Corporation/L.L.C. Name: Z & T Investments, Inc.  
(Exactly as it appears on license)

Current Business Name: Sevilla's Gopher Club  
(Exactly as it appears on license)

Current Business Address: 1654 E. McDowell Road  
Phoenix, AZ 85006

License Type: Series 6 License Number: 06070420 Last Renewal Date: 01/02

Current Mailing Address (other than business): 3101 North Central Avenue #1500  
Phoenix, AZ 85012

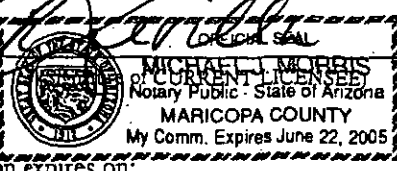
Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☒ YES ☐ NO

Does the applicant intend to operate the business while this application is pending? ☐ YES ☒ NO If yes, complete section 5, attach fee, and current license to this application.

I hereby relinquish my rights to the above described license to the applicant named in this application and hereby declare that the statements made in this section are true, correct and complete.

THEODORE R. SEVILLA, declare that I am the CURRENT LICENSEE of the stated license. I have read this  
(Print full name)

application, and the contents and all statements are true, correct and complete.



State of ARIZONA County of MARICOPA  
The foregoing instrument was acknowledged before me this  
20th day of JANUARY, 2003  
Day of Month Month Year

(Signature of NOTARY PUBLIC)

**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 and Address: Sevill's Gopher Club  
(Exactly as it appears on license) 2003 JAN 28 4854 E. McDowell Road, Phoenix, AZ 85006
2. New Business Name and Address: Pussycat Lounge  
(Do not use PO Box Number) 4426 N. Saddlebag Trail, Scottsdale, AZ 85251
3. License Type: Series 6 License Number: 06070420 Last Renewal Date: 01/02
4. What date do you plan to move? ASAP What date do you plan to open? April 1, 2003

**SECTION 13** Questions for all in-state applicants:

1. Distance to nearest school: 2800 ft. Name/Address of school: Scottsdale United Methodist School  
(Regardless of distance) 4140 N. Miller Road  
Scottsdale, AZ 85251
2. Distance to nearest church: 2800 ft. Name/Address of church: Scottsdale United Methodist Church  
(Regardless of distance) 4140 N. Miller Road  
Scottsdale, AZ 85251
3. I am the: ☒ LESSEE ☐ SUBLESSEE ☐ OWNER ☐ PURCHASER (of premises)
4. If the premises is leased give lessors name and address: Aeed Family Trust  
6414 E. Aster Dr., Scottsdale, AZ 85254
- 4a. Monthly rental/lease rate \$ 3900.00 What is the remaining length of the lease? 10 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ 1yr. Rent or other \_\_\_\_\_  
(give details - attach additional sheet if necessary)
5. What is the total business indebtedness of the applicant for this license/location excluding lease? \$ 0

Does any one creditor represent more than 10% of that sum? ☐ YES ☒ NO If yes, list below. Total must equal 100%.

Last	First	Middle	% Owed	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for? (BE SPECIFIC) Cocktail Lounge
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 # \_\_\_\_\_ (Exactly as it appears on license) Name \_\_\_\_\_

**SECTION 14** Restaurant, or Hotel-Motel Applicants:

Is there a valid restaurant or hotel-motel liquor license at the proposed location? ☐ YES ☐ NO If yes, give licensee's name:

and license #: \_\_\_\_\_

Last

First

Middle

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. Section 4-203.01; and complete Section 5 of this application.

All restaurant applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor.

Do you understand that 40% of your annual gross revenue must be from food sales? ☐ YES ☐ NO

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

Check ALL boxes that apply to your licensed premises:

☒ Entrances/Exits

☒ Liquor storage areas

☐ Drive-in windows

☐ Patio enclosures

☐ Service windows

☐ Under construction: estimated completion date \_\_\_\_\_

Restaurants and Hotel/Motel applicants must explicitly depict kitchen equipment and dining facilities.

The diagram below is the only area where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored. Give the square footage or outside dimensions of the licensed premises.

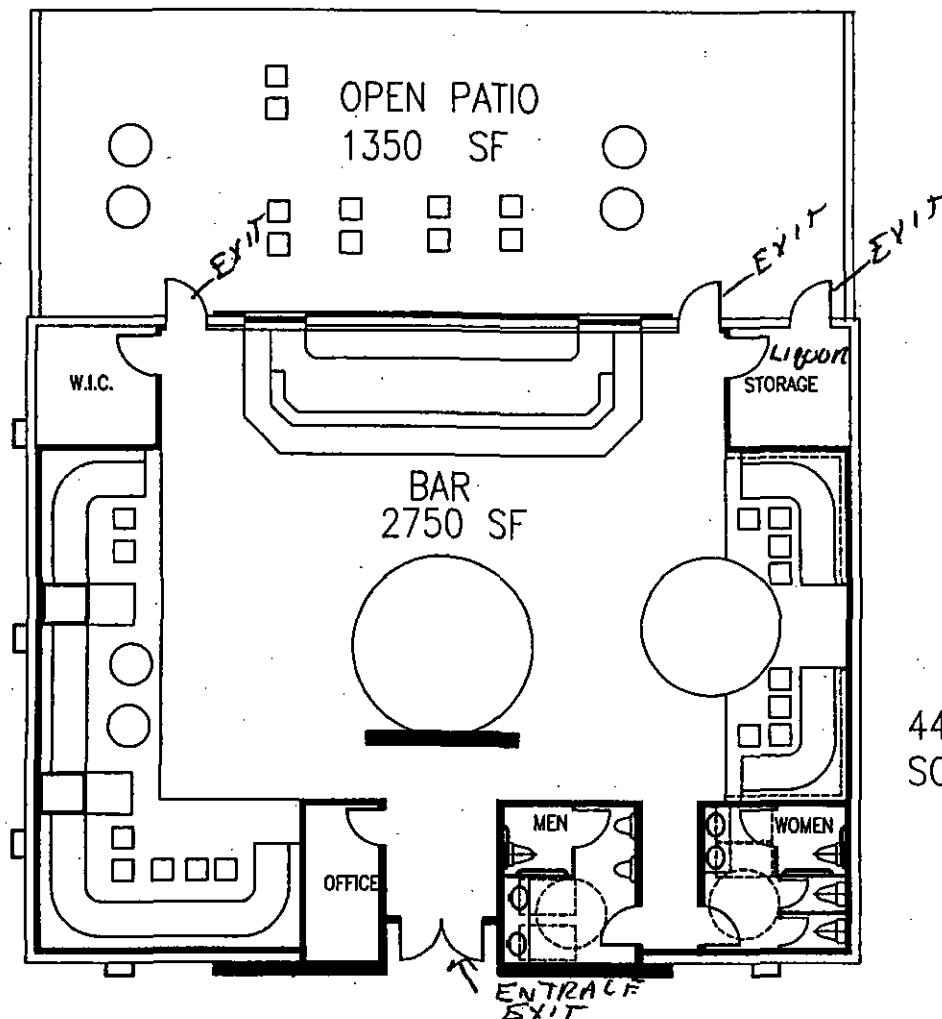
DO NOT INCLUDE PARKING LOTS, LIVING QUARTERS, ETC.

See Attached

**YOU MUST NOTIFY THE DEPARTMENT OF LIQUOR OF ANY CHANGES OF BOUNDARIES, ENTRANCES, EXITS, OR SERVICE WINDOWS MADE AFTER SUBMISSION OF THIS DIAGRAM.**

DLIC

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# FLOOR PLAN

SCALE: 1/4" = 1'-0"

KEYNOTES	
BAR AREA	2750 SF
OPEN PATIO	1320 SF

4426 N. SADDLEBAG TRAIL  
SCOTTSDALE, AZ 85251


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DESIGN CONSULTING SERVICES, LLC  
4426 N. Saddlebag Trail, Scottsdale, AZ 85251

"RUSH"  
4426 N. SADDLEBAG TRAIL  
SCOTTSDALE, AZ 85251

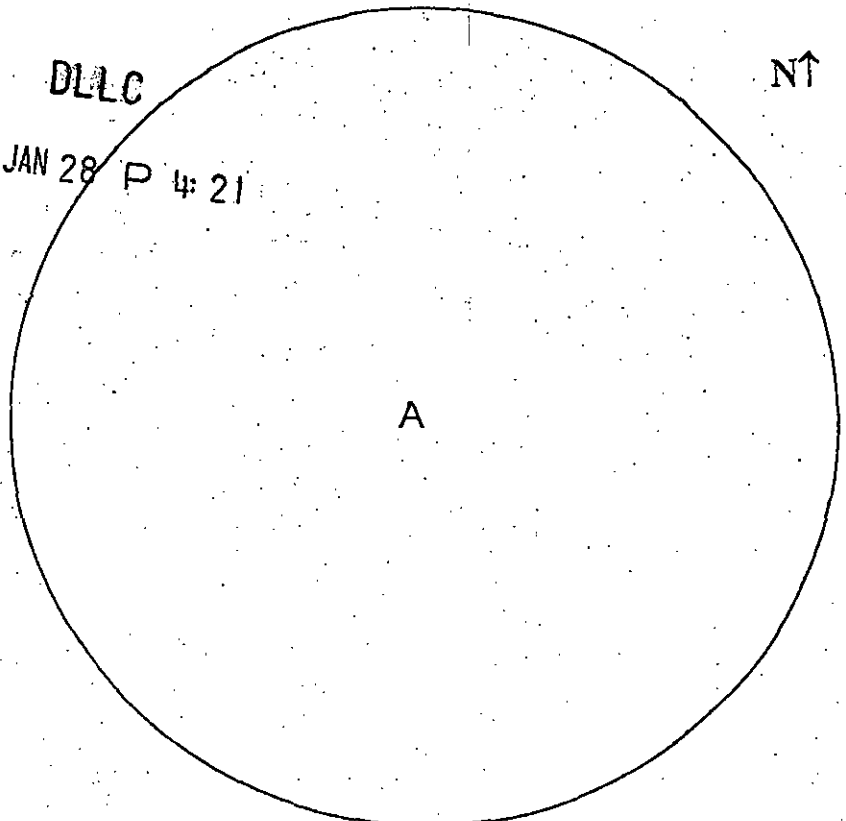

A-2

List below the exact names of all churches, schools, and spirituous liquor outlets within a one half mile radius of your proposed location.

1. See Attached

2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

(ATTACH ADDITIONAL SHEET IF NECESSARY)



A = Your business name and identify cross streets.

## SECTION 17 Signature Block:

I, Lewkowitz, H. J., declare that: 1) I am the APPLICANT (Agent/Club Member/Partner), making this  
(Print name of APPLICANT/AGENT listed in Section 4 Question 1)  
application; 2) I have read the application and the contents and all statements are true, correct and complete; 3) that this application is not  
being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) that no other person, firm, or  
corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) that none of the  
owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years.

X [Signature]  
(Signature)  
OFFICIAL SEAL  
MICHAEL J. MORRIS  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My commission expires June 22, 2005

State of Arizona County of Maricopa  
The foregoing instrument was acknowledged before me this  
27th day of January, 2003  
Day of Month Month Year

[Signature]  
(Signature of NOTARY PUBLIC)

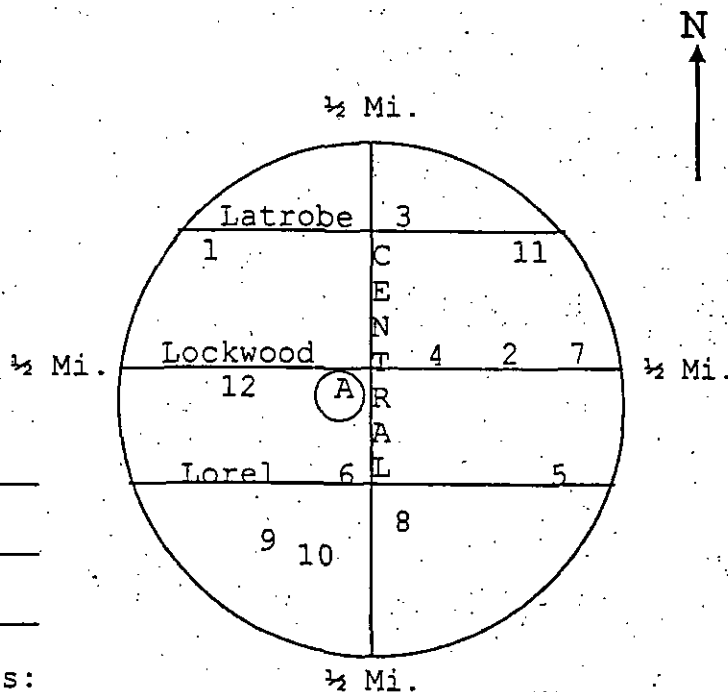


SAMPLE  
GEOGRAPHICAL DATA

n the area adjacent to the map provided below indicates your proposed location  
nd the exact names of all churches, schools, and alcoholic beverage outlets  
ithin a 1/2 mile radius of your proposed location.  
See example below)

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= Applicant	Series 12
1 Pink Elephants	Series 06
2 Mama's Rest.	Series 12
3 Corner Liquors	Series 09
4 Joe's Groceries	Series 10
5 Lions Club	Series 14
6 Burgers R Us	Series 07
7 Pizza Perfect	Series 07
8 Billy Bobs Bar	Series 06
9 St. Anthonys Church	
0 St. Anthonys School	
1 Burbank Middle School	
2 First United Baptist Church	
3	
4	
5	

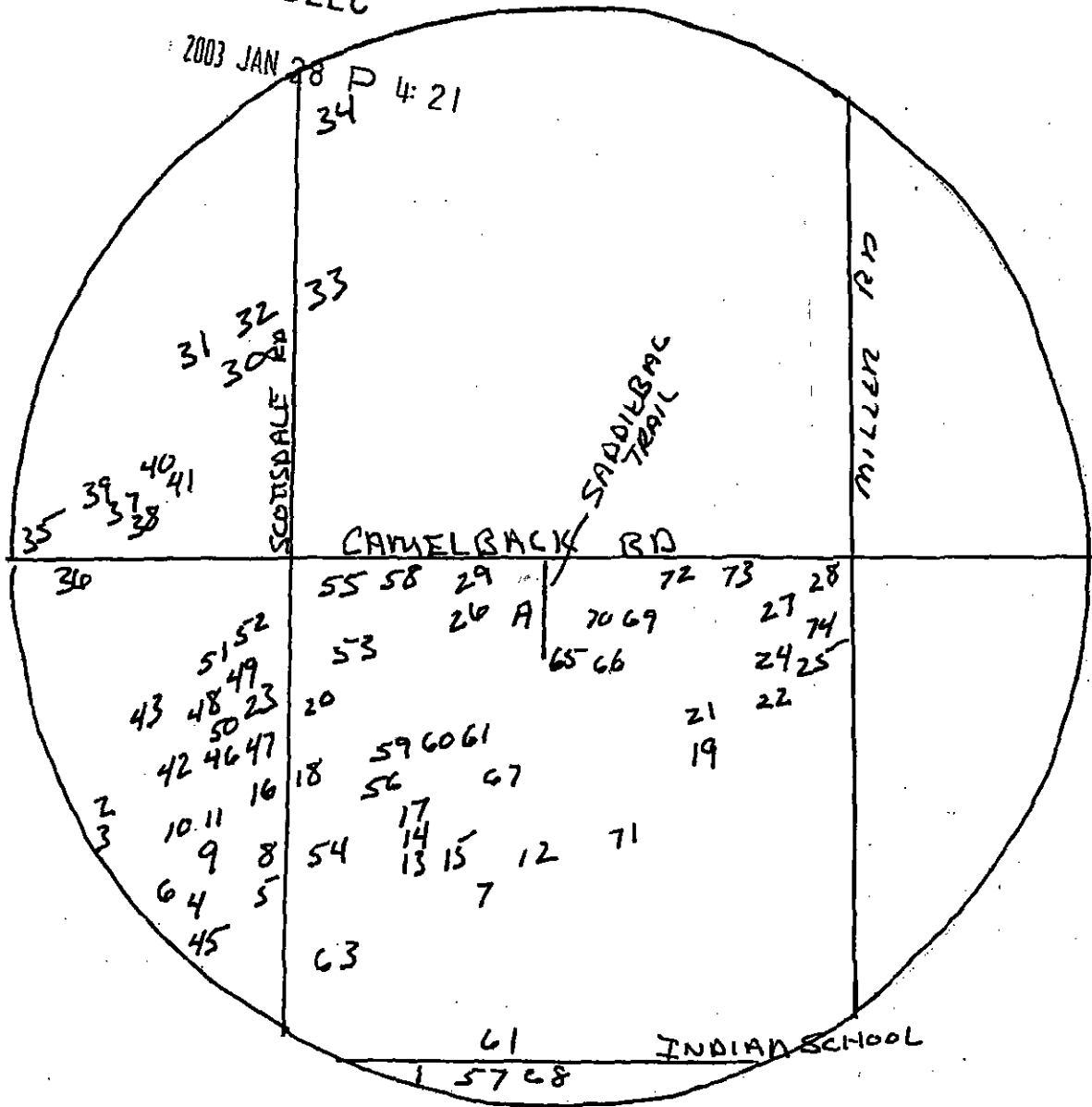


.R.S. Section 4-207.A reads as follows:

. No retailers license shall be issued for any premises which are. at the time  
he license application is received by the Director, within three hundred(300)  
orizontal feet of a church, within three hundred(300) horizontal feet of a  
ublic or private school building with kindergarten programs or any of  
rades one(1) through twelve(12).. or within three hundred(300) horizontal  
et of a fenced recreational area adjacent to such school building.

DLIC

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1	6070348	Active	GRAPEVINE	4013 N BROWN	SCOTTSDALE	85251	Bar
3	12074835	Active	DEVILS MARTINI RESTAURANT	4175 GOLDWATER BLVD STE 1	SCOTTSDALE	85251	Restrnt
2	12074702	Active	CAF'E BLUE	4175 GOLDWATER BLVD STE 2,3,4,5	SCOTTSDALE	85251	Restrnt
4	6070587	Active	DOS GRINGOS	4209 N CRAFTSMAN CT	SCOTTSDALE	85251	Bar
5	12074854	Active	TONY ROMA'S	4218 N SCOTTSDALE RD	SCOTTSDALE	85251	Restrnt
6	6070188	Active	NOYZ	4224 NORTH CRAFTSMAN COURT	SCOTTSDALE	85251	Bar
7	12074666	Active	OUTBACK STEAKHOUSE	4225 N DRINKWATER BLVD	SCOTTSDALE	85251	Restrnt
8	6070215	PndInct	VOODOO LOUNGE	4228 N SCOTTSDALE RD	SCOTTSDALE	85251	Bar
9	12074069	Active	SCOTTSDALE KEBAB MIDDLE EASTERN	4233 N SCOTTSDALE RD	SCOTTSDALE	85251	Restrnt
10	6070658	Active	COURT	4238 CRAFTSMAN CT	SCOTTSDALE	85251	Bar
11	6070449	Active	ACME BAR & GRILL	4245 N CRAFTSMANS CT	SCOTTSDALE	85251	Bar
12	7070678	Active	SUMMERFIELD SUITES HOTEL	4245 N DRINKWATER BLVD	SCOTTSDALE	85251	BrWnBar
13	10074186	Active	ARCADIA FINE WINE	4251 N BROWN AVE #9	SCOTTSDALE	85251	BrWnStor
14	6070334	Active	GILIGIN'S	4251 N WINFIELD SCOTT PLAZA	SCOTTSDALE	85251	Bar
15	12074491	Active	BLUE AGAVE MEXICAN CANTINA	4280 N CIVIC CENTER BLVD #100	SCOTTSDALE	85251	Restrnt
16	12073615	Active	MR C'S EXQUISITE CHINESE DINING	4302 N SCOTTSDALE RD	SCOTTSDALE	85251	Restrnt
17	6070017	Active	MICKEY'S HANGOVER	4312 N BROWN AVE	SCOTTSDALE	85251	Bar
17	7070178	Active	MICKEY'S HANGOVER	4312 N BROWN AVE	SCOTTSDALE	85251	BrWnBar
18	12072227	Active	LANDRY'S PACIFIC FISH CO	4321 N SCOTTSDALE RD	SCOTTSDALE	85251	Restrnt
19	12075236	Active	DRIFT	4341 N 75TH ST	SCOTTSDALE	85251	Restrnt
20	12075183	Active	SCOTTSDALE CULINARY INSTITUTE	4343 N SCOTTSDALE RD STE 200	SCOTTSDALE	85251	Restrnt
21	12075074	Active	TEQUILA GRILL	4363 N 75TH ST	SCOTTSDALE	85251	Restrnt
22	9070505	Active	OSCO DRUG STORE #9244	4380 N MILLER RD	SCOTTSDALE	85251	LiqrStor
23	12075008	Active	IBIZA CAFE / BAR	4400 N SCOTTSDALE RD #12	SCOTTSDALE	85251	Restrnt
24	9070654	Inactive	ABCO #414	4402 N MILLER RD	SCOTTSDALE	85251	LiqrStor
25	12074282	Active	PASTA BRIONI	4416 N MILLER RD STE 702	SCOTTSDALE	85251	Restrnt
26	12075108	Active	PEARL	4425 N BUCKBOARD TRL	SCOTTSDALE	85251	Restrnt
27	12070035	Active	SUNDAY'S EATERY & SPIRITS	4432 N MILLER RD #H	SCOTTSDALE	85251	Restrnt
28	9070155	Active	CIRCLE K STORE #127	4440 N MILLER RD	SCOTTSDALE	85251	LiqrStor
29	12075073	Active	ROCKY'S GOLDEN PHOENIX	4441 N BUCKBOARD TRL	SCOTTSDALE	85251	Restrnt
30	7070653	Active	COCO'S #21	4700 N SCOTTSDALE RD	SCOTTSDALE	85251	BrWnBar
31	7070613	Active	DAYS INN SCOTTSDALE	4710 N SCOTTSDALE RD	SCOTTSDALE	85251	BrWnBar
32	12075107	Active	OPIUM	4720 N SCOTTSDALE RD	SCOTTSDALE	85251	Restrnt
33	12074301	Active	EARLS	4821 N SCOTTSDALE RD	SCOTTSDALE	85251	Restrnt
34	6070681	Active	SUNBURST HOTEL	4925 N SCOTTSDALE RD	SCOTTSDALE	85251	Bar
35	7070211	Active	NM CAFE	6900 E CAMELBACK RD	SCOTTSDALE	85251	BrWnBar
36	12075111	Active	DRINKWATERS STEAKHOUSE	6991 E CAMELBACK RD	SCOTTSDALE	85251	Restrnt
37	12071833	Active	Z'TEJAS GRILL	7000 E CAMELBACK RD	SCOTTSDALE	85251	Restrnt
38	12074149	Active	PF CHANG'S CHINA BISTRO	7014 E CAMELBACK RD	SCOTTSDALE	85251	Restrnt
39	12073979	Active	KONA GRILL	7014-559 E CAMELBACK RD	SCOTTSDALE	85251	Restrnt

40	12073118	Active	LA MADELEINE FRENCH BAKERY	7014-564 E CAMELBACK RD	SCOTTSDALE	85251	Restrnt
41	12075205	Active	NICK AND TONY'S BAR LOUIE	7014-590 E CAMELBACK RD	SCOTTSDALE	85251	Restrnt
42	12074568	Active	FLIP FLOPS BANANA BAR	7051 E 5TH AVE	SCOTTSDALE	85251	Restrnt
43	6070304	Active	MADISON'S	7108 E STETSON DR	SCOTTSDALE	85251	Bar
44	12075319	Pending	NEXT	7111 E 5TH AVE	SCOTTSDALE	85251	Restrnt
45	6070578	Active	CAJUN HOUSE OF BLUES	7117 E 3RD AVE	SCOTTSDALE	85251	Bar
46	6070490	Active	BS WEST	7125 E 5TH AVE #30	SCOTTSDALE	85251	Bar
47	7070380	Active	THYMELESS CUISINE	7125 E 5TH AVE #31	SCOTTSDALE	85251	BrWnBar
48	12073363	Active	COWBOY CIAO	7133 E STETSON DR	SCOTTSDALE	85251	Restrnt
49	6070585	Active	KAZIMIERZ WORLD WINE BAR	7137 E STETSON DR	SCOTTSDALE	85251	Bar
50	10073263	Active	6TH AVE BISTROT	7146 E 6TH AVE	SCOTTSDALE	85251	BrWnStor
50	12071997	Active	6TH AVE BISTRO	7150 E 6TH AVE	SCOTTSDALE	85251	Restrnt
51	6070573	Active	CAT EYE LOUNGE	7164 E STETSON DR	SCOTTSDALE	85251	Bar
52	12074772	Active	KYOTO RESTAURANT	7170 E STETSON	SCOTTSDALE	85251	Restrnt
53	12075063	Active	BUCKETS RESTAURANT	7216 E SHOEMAN LN	SCOTTSDALE	85251	Restrnt
54	12075283	Active	MEDIZONA	7217 E 4TH AVE	SCOTTSDALE	85251	Restrnt
55	12075242	Active	BLUE HORSE TAVERN	7243 E CAMELBACK RD	SCOTTSDALE	85251	Restrnt
56	6070197	Active	GIBSONS MARTINI RANCH	7295 E STETSON DR	SCOTTSDALE	85251	Bar
57	7070692	Pending	JACQUELINE'S MARKET	7303 E INDIAN SCHOOL RD	SCOTTSDALE	85251	BrWnBar
58	12073255	Active	JULIO'S TOO	7305 E CAMELBACK RD	SCOTTSDALE	85251	Restrnt
59	12074449	Active	SIX	7316 E STETSON DR #2	SCOTTSDALE	85251	Restrnt
60	6070796	Active	MALONEY'S	7318 E STETSON	SCOTTSDALE	85251	Bar
61	6070714	Active	DJ'S OF SCOTTSDALE	7320 E STETSON	SCOTTSDALE	85251	Bar
62	11073058	Active	HILTON GARDEN INN SCOTTSDALE	7324 E INDIAN SCHOOL RD	SCOTTSDALE	85251	Hotel
63	11071077	Active	MARRIOTT SUITE HOTEL	7325 E 3RD AVE	SCOTTSDALE	85251	Hotel
64	6070120	Active	SUEDE	7333 E INDIAN PLAZA	SCOTTSDALE	85251	Bar
64	12074886	Active	SUEDE	7333 E INDIAN PLAZA	SCOTTSDALE	85251	Restrnt
65	6070537	Active	SANCTUARY	7340 E SHOEMAN LN	SCOTTSDALE	85251	Bar
66	6070055	Active	AXIS & RADIUS	7340 INDIAN PLAZA	SCOTTSDALE	85251	Bar
67	12074810	Active	LUCKY SEVEN	7341 E 6TH AVE	SCOTTSDALE	85251	Restrnt
68	11073082	Active	OLD TOWN HOTEL	7353 E INDIAN SCHOOL RD	SCOTTSDALE	85251	Hotel
69	12073444	Active	BUDDHA BAR	7419 E INDIAN PLAZA #A	SCOTTSDALE	85251	Restrnt
70	6070199	Active	DOWNSIDE RISK RESTAURANT & BAR	7419 E INDIAN PLAZA #B	SCOTTSDALE	85251	Bar
71	6070620	Inactive	KAMIKAZI COAST	7443 E 6TH AVE	SCOTTSDALE	85251	Bar
72	6070707	Active	DON & CHARLIE'S	7501 E CAMELBACK RD	SCOTTSDALE	85251	Bar
73	12074667	Active	ZIPPS ON CAMELBACK	7551 E CAMELBACK RD	SCOTTSDALE	85251	Restrnt
74	12071920	Active	CHANCES ARE	7570 E 6TH AVE	SCOTTSDALE	85251	Restrnt



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



400 W Congress #150  
Tucson AZ 85701-1352  
(520) 628-6595

## QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

2003 JAN 28 P 4:21  
Read Carefully, this instrument is a sworn document. Type or print with black ink  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH OWNER, AGENT, PARTNER, STOCKHOLDER (10% OR MORE), MEMBER, OFFICER OR MANAGER. ALSO EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT THE DEPT. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY THE DEPARTMENT OF LIQUOR. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

There is a \$24.00 processing fee for each fingerprint card submitted.

Liquor License # \_\_\_\_\_

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. 44.6852)

(If the location is currently licensed)

1. Check appropriate box → ☐ Owner ☐ Partner ☐ Stockholder ☐ Member ☐ Officer ☒ Agent ☐ Manager(Only)  
☐ Other \_\_\_\_\_ (Complete Questions 1-20 & 24) (Complete All Questions except # 14, 14a & 25)  
Licensee or Agent must complete # 25 for a Manager Licensee or Agent must complete # 25

2. Name: Lewkowitz H. J. Date of Birth: \_\_\_\_\_  
Last First Middle (This Will Not Become a Part of Public Records)

3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: AZ  
(This Will Not Become a Part of Public Records)

4. Place of Birth: New London, CT USA Height: 6' 4" Weight: 210 Eyes: Br Hair: Gr  
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Residence (Home) Phone: (\_\_\_\_\_) \_\_\_\_\_

6. Name of Current or Most Recent Spouse: Lewkowitz, Andrea J. Dahlman Date of Birth: \_\_\_\_\_  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: 1929

8. Telephone number to contact you during business hours for any questions regarding this document. (\_\_\_\_\_) \_\_\_\_\_

9. If you have been a resident less than three (3) months, submit a copy of driver's license or voter registration card.

10. Name of Licensed Premises: Pussycat Lounge Premises Phone: (\_\_\_\_\_) pending

11. Licensed Premises Address: 4426 N. Saddlebag Trail, Scottsdale, Maricopa 85251  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years, if unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (Give street address, city, state & zip)
05/95	CURRENT	Lawyer	Ryan, Woodrow & Rapp, PLC 3101 No. Central Ave. #1500 Phoenix, AZ 85012

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION <

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet giving name, address and phone number of landlord	City	State	Zip
02/01/99	CURRENT	Own	_____	_____	_____	_____
11/90	01/01/99	Own	6350 No. 19th Street	Phoenix	AZ	85016

Attachment to questionnaire of  
H. J. Lewkowitz, Esq.

2003 JAN 28 P 4: 21

Question 18:

I have never held ownership of or interest in, nor have I been an officer/director or had managerial responsibilities for any business license, professional license, liquor license or liquor license application having been rejected, denied, revoked, suspended or fined in this or any other state. I have represented clients as attorney and/or agent who have had applications denied and licenses fined, suspended or revoked.

I am a life member of the Phoenix Thunderbirds. The Thunderbirds sponsor the Phoenix Open Golf Tournament every January. The Thunderbirds were fined for infractions during the 1999 & 2000 & 2001 tournaments.

Question 20.

I held a proprietary interest in a Village Inn Pizza Parlor in Canoga Park, CA. I sold my interest in 1975.

I have served or currently serve as Attorney/Agent for hundreds of liquor licenses in the State of Arizona. In that capacity I do not, and never have, been involved in the day to day operations of the aforementioned liquor licenses.

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Phoenix AZ 85007-2934  
(602) 542-5141



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# QUESTIONNAIRE

**SOCIAL SECURITY AND BIRTHDATE INFORMATION IS CONFIDENTIAL BY LAW AND CANNOT BE DISSEMINATED TO THE PUBLIC**

Read Carefully, this instrument is a WQF document. Type or print with black ink

An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH OWNER, AGENT, PARTNER, STOCKHOLDER (10% OR MORE), MEMBER, OFFICER OR MANAGER. ALSO EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT THE DEPT. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY THE DEPARTMENT OF LIQUOR. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

There is a \$24.00 processing fee for each fingerprint card submitted.

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. 44.6852)

Liquor License # \_\_\_\_\_

If the location is currently licensed)

1. Check appropriate box → ☒ Owner ☐ Partner ☐ Stockholder ☐ Member ☐ Officer ☐ Agent ☐ Manager(Only)  
☐ Other \_\_\_\_\_ (Complete Questions 1-20 & 24) Complete All Questions except # 14, 14a & 25  
Licensee or Agent must complete # 25 for a Manager Licensee or Agent must complete # 25

2. Name: ASHER WILLIAM MICHAEL - FITZGERALD Date of Birth: \_\_\_\_\_  
Last First Middle (This Will Not Become a Part of Public Records)

3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: CA  
(This Will Not Become a Part of Public Records)

4. Place of Birth: JUNEAU ALASKA USA Height: 6-01 Weight: 180 Eyes: BLU Hair: BLN  
City State Country (not county)

5. Marital Status ☒ Single ☐ Married ☐ Divorced ☐ Widowed Residence (Home) Phone: \_\_\_\_\_

6. Name of Current or Most Recent Spouse: HA ASHER LAURA SWEETWOOD Date of Birth: \_\_\_\_\_  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden

7. You are a bona fide resident of what state? CALIFORNIA If Arizona, date of residency: \_\_\_\_\_

8. Telephone number to contact you during business hours for any questions regarding this document. \_\_\_\_\_

9. If you have been a resident less than three (3) months, submit a copy of driver's license or voter registration card.

10. Name of Licensed Premises: PUSSYCAT Lounge Premises Phone: (480) 481-3100

11. Licensed Premises Address: 4426 N SADDLEBAG TRAIL SCOTTSDALE MARICOPA 85251  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years, if unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (Give street address, city, state & zip)
3 / 99	CURRENT	PRESIDENT	VIVID ENT 15127 CALIFA ST VAN NUYS CA 91411
6 / 97	3 / 99	SR. V.P	Playboy Entertainment 9242 Beverly Hills CA 90210

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION <

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	RESIDENCE Street Address	City	State	Zip
10 / 99	CURRENT	_____	_____	_____	_____
7 / 97	10 / 99	13442 Galewood St.	Shoreline Oaks	CA	91423



14. As an Owner, Agent, Partner, Stockholder, Member or Officer, will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day?           , **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO.

14a. Have you attended a Department approved Liquor Law Training Course within the last 5 years? (Must provide proof) ☐ YES ☒ NO  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.

15. Have you EVER been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance (regardless of the disposition even if dismissed or expunged)? For traffic violations, include only those that were alcohol and/or drug related. ☐ YES ☒ NO
- 2003 JAN 28 P 4:21
16. Have you EVER been convicted, fined, posted bond, been ordered to deposit bail, imprisoned, had sentence suspended, placed on probation or parole for violation of ANY law or ordinance (regardless of the disposition even if dismissed or expunged)? For traffic violations, include only those that were alcohol and/or drug related. ☐ YES ☒ NO
17. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
18. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor APPLICATION OR LICENSE rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
19. Has anyone EVER filed suit or obtained a judgment against you in a civil action, the subject of which involved your representation of a business, professional or liquor license? ☐ YES ☒ NO
20. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director, or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

**If you checked the Manager box on the front of this form, fill in #21-23 and 24, all others skip the following box (21-23) and go to # 24**

21. Have you attended a Department approved Liquor Law Training Course within the last 5 years? (Must provide proof) ☐ YES ☐ NO  
If the answer to #21 is "NO" course must be completed BEFORE ISSUANCE of a new license OR APPROVAL on an existing license.

22. Do you make payments to the licensee? ☐ YES ☐ NO If "yes", how much? \$ \_\_\_\_\_ per month. Total debt to licensee \$ \_\_\_\_\_

23. Is there a formal written contract or agreement between you and the licensee relating to the operation or management of this business? ☐ YES ☒ NO If "yes" attach a copy of such agreement

24. I, William Asher, hereby declare that I am the APPLICANT filing this questionnaire.  
(Print full name of Applicant)

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

Notary Public - California  
My Comm. Expires Apr 7, 2006

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

State of California County of Los Angeles  
The foregoing instrument was acknowledged before me this

My commission expires on: April 7, 2002  
Day of Month      Month      Year

(Signature of NOTARY PUBLIC)

**FILL IN THIS SECTION ONLY IF YOU ARE A LICENSEE OR AGENT APPROVING A MANAGER APPLICATION**  
**Licensee or Agent Approval of Manager**

25. I, (Print Licensee/Agent's Name):

**Last**

**Middle**

**First**

Hereby authorize the applicant to act as manager for the named liquor license.

\_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_

X \_\_\_\_\_  
(Signature of LICENSEE/AGENT)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day of Month Month Year

My commission expires on: \_\_\_\_\_  
Day of Month Month Year

(Signature of NOTARY PUBLIC)

DLLC

2003 JAN 28 P 4: 21

November 6, 2002

ATTN: Arizona Department of Liquor & Control

To Whom It May Concern:

In answering the question if I been a controlling person on any other Liquor License the answer is yes. I was the Corporate Secretary for Lawry's Restaurants in California from 1992 - 1994.

Sincerely,



William Asher

Lucid Entertainment 15490 Ventura Blvd. #235 Sherman Oaks, CA 91403 818/728-9696

Received Time Nov. 6. 2:43PM

STATE OF ARIZONA  
**BAR**  
DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL

ALCOHOLIC BEVERAGE LICENSE

License 06070420

Issue Date: 9/4/1991

Expiration Date: 1/31/2003

Issued To:  
KAREN SUE SEVILLA, Agent  
Z & T INVESTMENTS INC, Owner

Bar

Mailing Address:

Location:  
SEVILLA'S GOPHER CLUB  
1654 E MCDOWELL RD  
PHOENIX, AZ 85006

INACTIV

KAREN SUE SEVILLA  
Z & T INVESTMENTS INC  
SEVILLA'S GOPHER CLUB  
1654 E MCDOWELL RD  
PHOENIX, AZ 85006

EXP 1  1/2003

POST THIS LICENSE IN A CONSPICUOUS PLACE

1 2003 JAN 28 P 4:21  
DLIC