

State of Arizona
Department of Liquor Licenses and Control

Created 12/11/2024 @ 08:24:42 AM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	OVER EASY		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
X Location:	1845 N GLOBE DRIVE STE 104 GOODYEAR, AZ 85395 USA		
Mailing Address:	PO BOX 2502 CHANDLER, AZ 85244 USA		
Phone:	(480)730-2675		
Alt. Phone:			
Email:	LIQUORLICENSE@AZLIC.COM		

AGENT

Name:	JEFFREY CRAIG MILLER
Gender:	Male
Correspondence Address:	PO BOX 2502 CHANDLER, AZ 85244 USA
Phone:	(480)730-2675
Alt. Phone:	
Email:	LIQUORLICENSE@AZLIC.COM

OWNER

Name:	CIVIC CENTER CAFE LLC		
Contact Name:	JEFFREY CRAIG MILLER		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23560927	State of Incorporation:	AZ
Incorporation Date:	07/27/2023		
Correspondence Address:	PO BOX 2502 CHANDLER, AZ 85244 USA		
Phone:	(480)730-2675		
Alt. Phone:			
Email:	LIQUORLICENSE@AZLIC.COM		

Officers / Stockholders

AMENDMENT
over easy
#319586

State of Arizona
Department of Liquor Licenses and Control

Created 12/02/2024 @ 01:59:52 PM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	OVER EASY		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	1825 N GLOBE DRIVE STE 104 GOODYEAR, AZ 85395 USA		
Mailing Address:	PO BOX 2502 CHANDLER, AZ 85244 USA		
Phone:	(480)730-2675		
Alt. Phone:			
Email:	LIQUORLICENSE@AZLIC.COM		

AGENT

Name:	JEFFREY CRAIG MILLER
Gender:	Male
Correspondence Address:	PO BOX 2502 CHANDLER, AZ 85244 USA
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Name:	CIVIC CENTER CAFE LLC		
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AZ CC File Number:	23560927	State of Incorporation:	AZ
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Correspondence Address:	PO BOX 2502 CHANDLER, AZ 85244 USA		
Phone:	(480)730-2675		
Alt. Phone:			
Email:	LIQUORLICENSE@AZLIC.COM		

Officers / Stockholders

100th day
01-31-2025

105th day
03-17-2025

Name:
OVER EASY AZ HOLDINGS LLC

Title:
Member

% Interest:
100.00

EASY OVER AZ LLC - Member

Name: JARED ANDREW FIELD
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)467-8526
Alt. Phone:
Email: JARED@PLATEDPROJECTS.COM

EASY BRANDS LLC - Member

Name: RICHARDS FAMILY LIVING TRUST
Contact Name: JEFFREY MILLER
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

OVER EASY AZ HOLDINGS LLC - Member

Name: EASY OVER AZ LLC
Contact Name: JEFFREY MILLER
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

TRIPLE EATS LLC - Member, Stockholder

Name: JACOB CLAY WHITE
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (602)363-7993
Alt. Phone:
Email: JAKECWHITE@GMAIL.COM

EASY OVER AZ LLC - Member

Name: TIMOTHY SCOTT PACATTE
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (928)853-4810
Alt. Phone:
Email: TIM@PLATEDPROJECTS.COM

CIVIC CENTER CAFE LLC - Member

Name: OVER EASY AZ HOLDINGS LLC
Contact Name: JEFFREY CRAIG MILLER
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

EASY BRANDS LLC - Member

Name: TRACE RICHARDS TRUST
Contact Name: JEFFREY MILLER
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

EASY OVER AZ LLC - Member

Name: ERIC MATTHEW HUTCHENS
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (520)490-2491
Alt. Phone:
Email: EHUTCHENS@HUTCHCOMPANIES.COM

EASY OVER AZ LLC - Member

Name: TRIPLE EATS LLC
Contact Name: JEFFREY MILLER
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: L21148000 State of Incorporation: AZ
Incorporation Date: 08/17/2016
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

EASY OVER AZ LLC - Member

Name: RYAN MICHAEL FIELD
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)216-9767
Alt. Phone:
Email: RYAN@PLATEDPROJECTS.COM

OVER EASY AZ HOLDINGS LLC - Member

Name: EASY BRANDS LLC
Contact Name: JEFFREY MILLER
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

MANAGERS

Name: CHRISTOPHER WARREN BRICKEY
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)220-9318
Alt. Phone:
Email: CBRICKEY@PLATEDPROJECTS.COM

APPLICATION INFORMATION

Application Number: 319586
Application Type: New Application
Created Date: 11/25/2024

QUESTIONS & ANSWERS

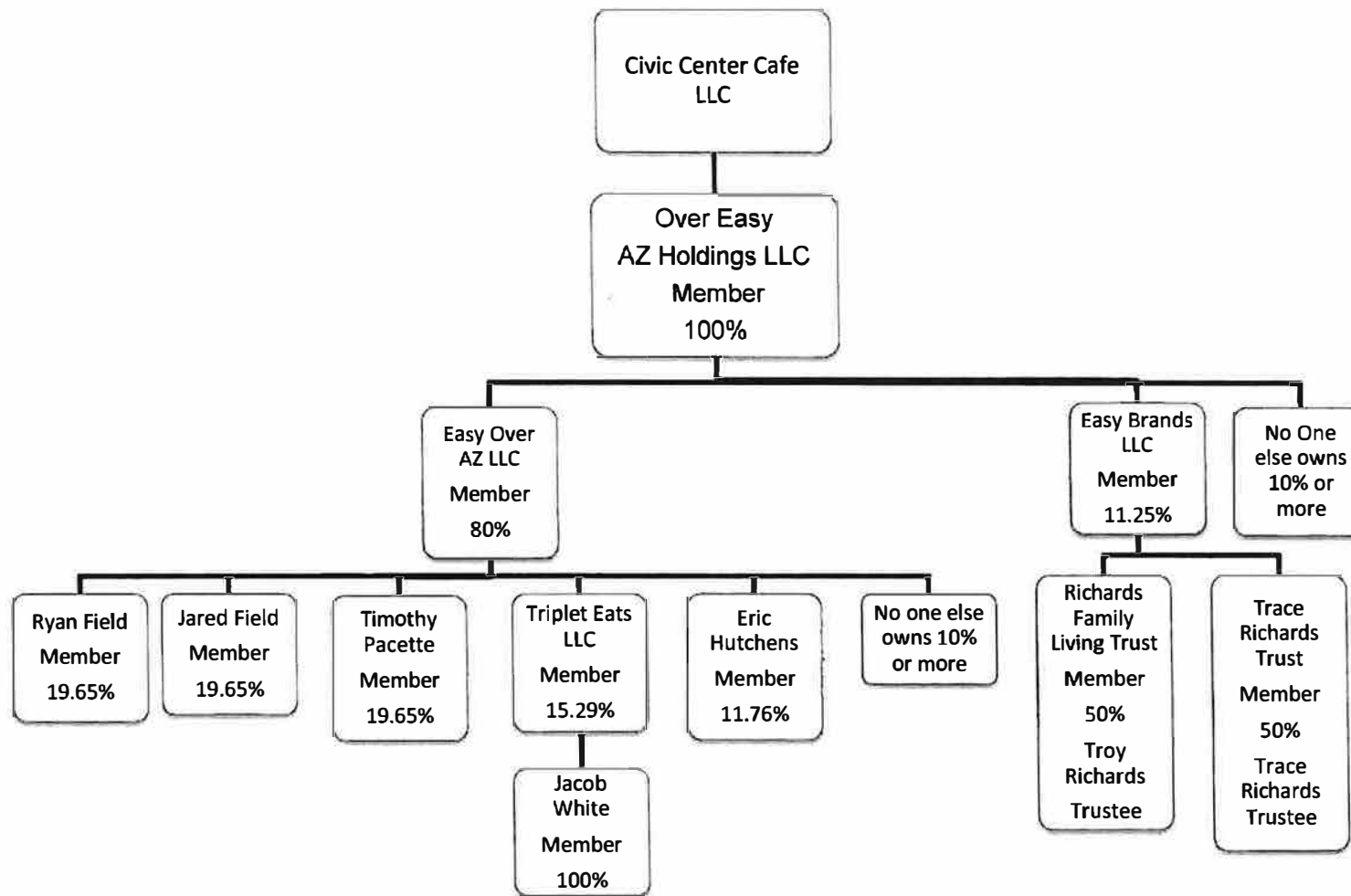
012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Tenant
- 3) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
owe term
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 5) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
The amount is not settled yet
- 6) Are there walk-up or drive-through windows on the premises?
No
- 7) Does the establishment have a patio?
Yes
Is the patio contiguous or non-contiguous (within 30 feet)?
contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
January 2025
- 9) What type of business will this license be used for?
restaurant

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
RECORDS REQUIRED FOR AUDIT	over audit.pdf	11/25/2024
QUESTIONNAIRE	over chris.pdf	11/25/2024
QUESTIONNAIRE	over craig.pdf	11/25/2024
DIAGRAM/FLOOR PLAN	over diagram.pdf	11/25/2024
ORGANIZATIONAL DOCUMENTS	Over Easy affidavit.pdf	11/25/2024
MENU	over easy menu.pdf	11/25/2024
QUESTIONNAIRE	over eric.pdf	11/25/2024
ORGANIZATIONAL DOCUMENTS	over flow chart.pdf	11/25/2024

QUESTIONNAIRE	over jake.pdf	11/25/2024
QUESTIONNAIRE	over jared.pdf	11/25/2024
RESTAURANT OPERATION PLAN	over restaurant.pdf	11/25/2024
QUESTIONNAIRE	over ryan.pdf	11/25/2024
QUESTIONNAIRE	over tim.pdf	11/25/2024



CSR:

Amount:



RESTAURANT APPLICATION SERIES 12

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

DLLC USE ONLY

Job #:

Date Accepted:

CSR:

Type or Print with **Black Ink**

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

SECTION 1 Type of License

☐ Interim Permit

☒ New License

SECTION 2 Type of Ownership (Legal Entity)

☐ J.T.W.R.O.S.

☐ Individual

☐ Partnership

☐ Other (Explain) _____

☐ Corporation

☒ Limited Liability Co

☐ Club

☐ Trust

☐ Tribe

☐ Apply to become an Arizona Lottery retailer.

SECTION 3 Type of Privilege ☐ Growler privileges - please attach Growler application. (300-foot restriction applies)
A.R.S. §4-207(A) & (B)

SECTION 4 Applicants

1. Agent's Name: Miller Jeffrey C

Last

First

Middle

2. Legal Entity/Sole Proprietor Name: _____

(Ownership name for type of ownership checked in section 2) Last

First

Middle

3. Premises Name (Doing Business As-DBA): _____

4. Premises Location Address: 1845 N Globe Dr Ste 104 Goodyear AZ 85395 Maricopa

(Do not use PO Box)

Street

City

State

Zip Code

County

5. Mailing Address: _____

(All correspondence will be mailed to this address)

Street

City

State

Zip Code

6. Business Phone: _____ Cell Number: _____

7. Email Address: _____

8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No

If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? _____

Department Use Only

Fees:

Application

Interim Permit

Site Inspection

Finger Prints

\$

Total of All Fees

Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? ☐ Yes ☐ No

AMENDMENT
Over Easy #319586



APPLICANT/CONTROLLING PERSON AFFIDAVIT

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with Black Ink

**BE COMPLETED BY THE ORGANIZATION'S PRESIDENT. IF THIS IS A CLUB, PARTNERSHIP,
OR OTHER TYPE OF ORGANIZATION, A SIGNATURE OF EQUAL LEVEL IS REQUIRED.**

Organization: Civic Center Cafe LLC
Affidavit of: Ryan Field
Position/Title: Member
State of: Arizona **AZ Corp./L.L.C. #:** 23560927
County of: Maricopa **State Incorporated:** AZ

I, (Print Full Name) Ryan Field **Declares:**

1. To obtain a liquor license to operate in Arizona, I have completed and delivered to the Arizona Dept. of Liquor Licenses and Control, the required questionnaire and fingerprint card. I have also submitted the required questionnaires and fingerprint cards of all officers, directors, regional managers, managing members, partners, etc., who are involved in the management of the policies involving spirituous liquor in the State of Arizona; and all stockholders who own ten percent (10%) or more of the corporation or limited liability company have also been completed and submitted.

Name and title of such individuals are as follows (or list attached):

- | | |
|----------------------------------|--------------------------------|
| 1) <u>Jared Field Member</u> | 5) <u>Eric Hutchens Member</u> |
| 2) <u>Ryan Field Member</u> | |
| 3) <u>Timothy Pacette Member</u> | |
| 4) <u>Jacob White Member</u> | |

2. In addition to those submitting questionnaires and fingerprint cards, list other officers, limited liability members, and/or board members of this organization who are not submitting such information to the Arizona Department of Liquor Licenses and Control. None of these individuals are involved in the direction of the management of policies of this organization involving spirituous liquor in the State of Arizona.

Such members and positions, along with date and place of birth, are as follows (or list attached):

- | | |
|---|--|
| 1) <u>Troy Richards 12/31/62 Albuquerque NM</u> | |
| 2) <u>Trace Richards 5/22/66 Albuquerque NM</u> | |
| 3) _____ | |
| 4) _____ | |

3. Finally, on information and belief, none of the individuals listed under item #2 have at any time been convicted of a felony, had a liquor license revoked, or violated any provisions of a liquor license issued to that member.

Declaration:

I, (Print Name) Ryan Field, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct, and complete.

Ryan Field
Signature

241129147, Dept. 0053

FIRE EXTINGUISHER LEGEND

- TYPE GAUGED EXTINGUISHER - 10' MAX TRAVEL DISTANCE TO EXTINGUISHER
- TYPE 'K' AT COOKING AREAS OF THE KITCHEN - LOCATED WITHIN 30' OF COOKING EQUIPMENT

KEYNOTES - FLOOR PLAN

1. do not scale drawings
2. contractor shall check and verify all field conditions and dimensions with the construction drawings of the project prior to construction, erection and/or fabrication
3. contractor shall inspect related work and adjacent surfaces
4. contractor shall report any discrepancies between the contract documents and the existing conditions which shall prevent proper execution of his work to the architect/engineer before proceeding with the work
5. contractor is responsible for dimensions, quantities and coordination of other trades
6. contractor to coordinate and coordinate architectural, mechanical, electrical, structural, civil and landscape drawings and verify architect of any discrepancies before bidding and construction
7. patch, repair and prep existing partitions as required for new finishes
8. provide adequate blocking for all wall mounted items as noted
9. all construction shall conform to the latest building specifications and standard details
10. all interior dimensions from face of finish of existing walls and centering of new walls
11. all exterior dimensions are shown from exterior face of wood studs
12. all masonry dimensions are shown from face of masonry
13. new overhead door - see door schedule
14. outline of garage door above
15. 3'-0" high decorative patio railing and gate - see detail
16. tables - 30" h. by owner
17. counterbalance seating by others
18. bar counter - 42" h.
19. side bar counter - 30" h.
20. countertop shall return to floor at end condition
21. foodservice railwork - see interior
22. pass-thru opening
23. kitchen equipment - see foodservice drawings
24. concrete steel panels to be finished over g.p. bld. from first floor to 18' above, and extending 18' around sides, of type I hoods - by foodservice
25. walk-in cooler
26. line of north above
27. line of ex. canopy above
28. provide continuous base flashing from below finished to 12' all where wall plumbing or wall access shut out, tenant
29. provide base glass up to 12' a.s.t. on kitchen and bar walls
30. provide 3/4" plywood backing at all locations where stainless steel panels, railwork, shelves, and equipment are to be mounted - see foodservice for additional information
31. wall mounted bug light - install high in kitchen and under counter at bar - coordinate location of outlet

GENERAL PLAN NOTES

1. do not scale drawings
2. contractor shall check and verify all field conditions and dimensions with the construction drawings of the project prior to construction, erection and/or fabrication
3. contractor shall inspect related work and adjacent surfaces
4. contractor shall report any discrepancies between the contract documents and the existing conditions which shall prevent proper execution of his work to the architect/engineer before proceeding with the work
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11. all exterior dimensions are shown from exterior face of wood studs
12. all masonry dimensions are shown from face of masonry

WALL HATCH LEGEND

- ex. wall to remain
- ex. demoving wall to remain
- new interior wall - see partition legend
- new half height interior wall - see partition legend

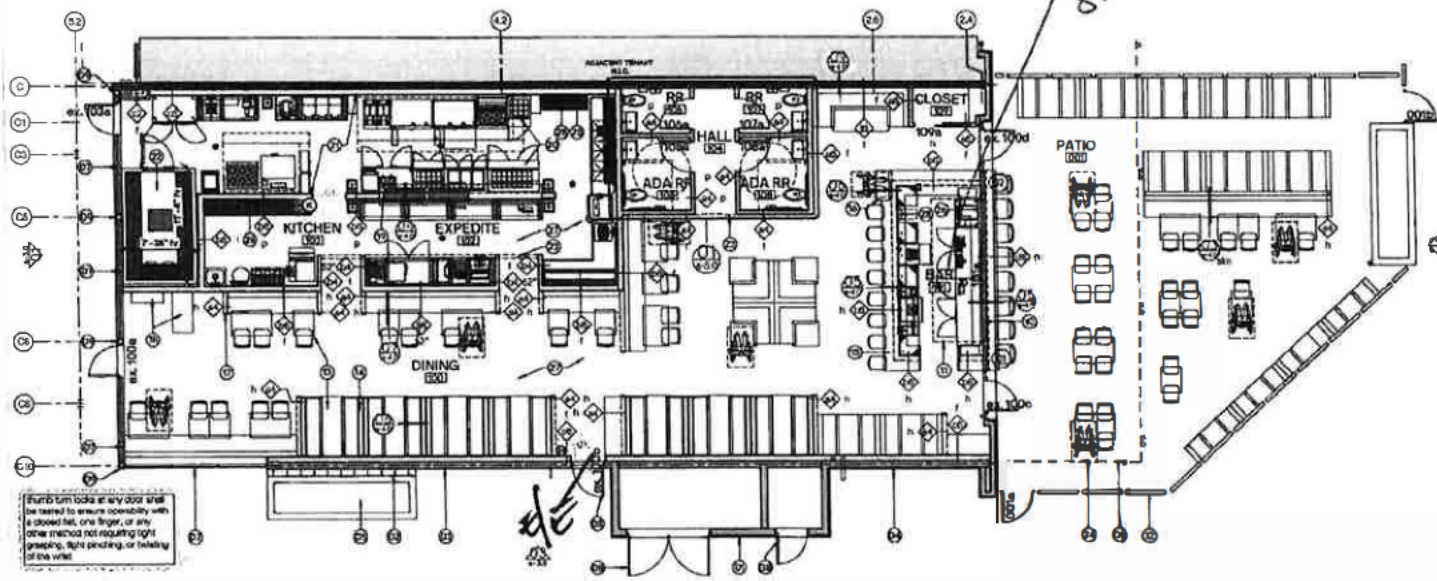
WALL AND PARTITION LEGEND

- number indicates height of partition or indicated as follows:
number indicates stud size as follows:
number indicates partition type as follows:
- stud size @ 16" o.c.:
2 = 2x4 stud
4 = 4x4 stud
6 = 6x6 stud
see stud notes on sheet 0-1.0
- partition height:
p = partial height
see detail 01-10-4.0
f = full height
see detail 02-10-4.0
h = half height
see detail noted on plan
- interior partition - non rated, non bearing w/ 5/8" gypsum board both sides where and better in cavity
 - interior partition - non rated, non bearing w/ 5/8" gypsum board both sides and add lip up to 10'-0" a.s.t. or stainless steel where required in kitchen or where foodservice equipment occurs, sound barrier in cavity except of combustible walls behind type I hoods - provide type "A" gyp @ hood walls
 - interior lighting partition - non rated, non bearing w/ 5/8" gypsum board front side, add lip up to 10'-0" a.s.t. where required in kitchen - provide type "A" gyp @ hood walls
 - exterior half height framed wall - non rated, non bearing w/ 5/8" gypsum board (moisture resistant in wet locations) interior side & 3/4" plywood sheathing w/ steel plate per development standard, = 1/2 wall insulation in cavity - see sections & finish schedule for wall application as required
 - ext. half height wall 3/4" plywood sheathing w/ 5/8" concrete backer board exterior side for the application both sides
 - ex. demoving wall (1-hr rated) w/ 2 layers 5/8" type "X" gypsum board on tenant side of ex. metal studs per U.L. design no. 1407, add back = 1/2 sound barrier insulation to cavity if not existing, add lip up to 10'-0" a.s.t. or stainless steel where required in kitchen

3200
1426 patio
4626 Sept

ing storage

tenant to ensure full access key is provided in key box at time of final inspection.



thumb turn locks at any door shall be tested to ensure operability with a shover key, one finger, or any other method not requiring tight grasping, tight pinching, or holding of the wrist

01. FLOOR PLAN

LANDLORD COMMENTS

control no. 141-00000
drawn by: 23-4525
date: 05/12/24
revisions

ALINE

FLOOR PLAN
A-2.0



RESTAURANT/HOTEL/MOTEL OPERATION PLAN

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with **Black Ink**

1. Name of restaurant (Please print): Over Easy
2. Must indicate the equipment below by Make, Model, and Capacity:

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	No Grill
Oven	Blodgett Oven SS 100-G
Freezer	Avantco Double door Freezer
Refrigerator	Avantco SS 60" 2 door
Sink	Regency Hand Sink/ Regency Dump Sink/3 comp sink/mop sink
Dish Washing Facilities	Omega Dishmachine 5E SS
Food Preparation Counter (Dimensions)	Avantco Salad Sandwich Prep Table/SS prep table
Other	Waffle maker/Pitco Fryer

3. Attach a copy of your FULL menu with pricing **INCLUDING ALCOHOLIC BEVERAGES**

4. What percentage of your public premises is used primarily for restaurant dining?

(Do not include kitchen, bar, hi-top tables, or game area.) 70 %

5. 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?) _____ %

6. List the **seating capacity** for:

a) Restaurant dining area of your premises: [66]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+ 17]

TOTAL [= 83]

7. What type of dinnerware is primarily used in your restaurant? ☐ Reusable ☐ Disposable ☒ Both

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.)

5 Tv's

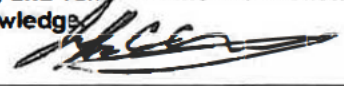
9. Do you have live entertainment or dancing? ☐ YES ☒ No

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. List number of employees for each position:

Position	How many
Cooks	10
Bartenders	0
Hostesses	5
Managers	1
Servers	12
Other (Bussers)	4
Other (Prep Cook)	2
Other ()	

I, (Print Full Name) Jeffrey C Miller hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: 

Brunch & Lunch

Benedict

TRADITIONAL

thick cut ham, bolognese sauce, english muffin, and choice of potato 11

FLORENTINE

sauteed spinach, tomato, bolognese sauce, toasted english muffin, and choice of potato 11

HATCH SOS

sauteed pulled pork, Hatch green chile, split biscuit, and choice of potato 12

AVOCADO

avocado split bun topped with pico de gallo and lettuce, bolognese sauce on the side, fresh fruit 12

ADD
A SIDE?

ONE EGG or WHITES 1.5

BLACK PEPPER BENTS 3

CORDED BEEF HASH 4.5

MEAT

bacon, ham, sausage link 4

POTATO

hash brown, home fries, later tots 3

TOAST

english muffin, wheat, rye, sourdough 3

QUINOA

CRUNCH

3

FRESH

FRUIT

4

McDate

WILD MUSHROOMS

3 eggs any style, roasted wild mushrooms, herbs, and choice of potato 12

FIT CHICKEN

tender breast, egg whites, sliced tomato 11

PROTEIN BOWL

3 sunny side up eggs, red and white quinoa, arugula, grape tomatoes, massage, red and green peppers 12

YOGURT + QUINOA

greek yogurt, quinoa crunch, seasonal fruit, agave nectar 13

GLUTEN-FREE



HOUSE COFFEE 2.89

OVER EASY ICED

Press cold brew, seasonal condensed milk, cinnamon, and nutmeg 3

ICED CHAI LATTE

a blend of black tea, clove, cinnamon and other warm spices served over ice with whole milk or substitute with almond milk 4

PRESS COLD BREW

NITRO COLD BREW

LEMONADE

strawberry-raspberry
• mint • classic 4

FOUNTAIN DRINKS

cola • diet cola • spritz
2.89

MORE JUICE

Small 3 / Large 5
cranberry • tomato • apple
• ruby red grapefruit

MILK & TEA

milk • chocolate milk
• iced tea • hot tea

Sandwiches

all burgers and sandwiches incl. a choice of house fries, later tots, or hash brown

BREAKFAST BURGER

our beef patty, an over easy egg, arugula, tomato, three cheese melt, crispy onions, toasted brioche bun 12

CALIFORNIA CHICKEN

grilled chicken, pepperjack, caramelized onion, tomato, arugula, arugula, honey mustard, brioche bun 12

CUBANO

an Over Easy favorite: ham, slow-cooked pork shoulder, melted swiss, wild arugula, pickle, a sunny side up egg, mustard, spicy mayo 13

CLASSIC RUBEEN

shaved corned beef, swiss, cheese, sauerkraut, 1000 island, marble rye 11 / substitute with turkey for a hot fix or meat

BUILD
YOUR OWN

ground ground beef patty on a brioche bun with your choice of ingredients 11

VEGGIES

romano, arugula, spinach, caramelized onion, tomato, green chile, onion, jalapeno

SAUCE

yellow / honey mustard, plain / spicy mayo, 1000 island, mushroom gravy

ONE EGG or WHITES 1.5

MEATS

applewood smoked ham, slow-cooked pork, ham 4.1

CHEESE

american, cheddar, swiss, pepperjack, brie 4.1

GAMBLO CHICKEN

buffalo sauce, tender fried chicken, ranch dressing

Avocado
Toast

CAPRESE

grape tomatoes, basil pesto, mozzarella cheese, balsamic glaze drizzle 10

ORIGINAL

sliced tomato, whipped ricotta, red chili flakes 10

PROTEIN

crispy bacon, massage, and grinded parmesan cheese 10

Salads

CAESAR CHICKEN

grilled breast, parmesan cheese, romaine, croutons, caesar dressing 11

TURKEY COBB

romaine turkey, hardboiled egg, bacon, avocado, onion, grape tomatoes, blue cheese dressing 13



WHAT'S COOKIN'?

@ENTATOVEREAS

f @ w



THE OVER EASY
2 over easy eggs, spinach, sliced tomato, green onion, toasted tortilla, pan ju. 9

THE WOLF PACK
2 eggs, bacon, and a choice of cheese between layers of crispy hash browns 11

CORNEB BEEF HASH
2 egg style eggs, sliced corned beef hash with potato and onion, and a choice of toast 12

CHILE PORK & GRITS
hash brown, chile sauce, slow-cooked pork, pepper jack cheese, onion side up egg 13

Breakfast Cakes
served with butter and real maple syrup

PANCAKES
Add banana, strawberries, blueberries, maple syrup, or chocolate chips 1.5

LEMON RICOTTA
light, bag, fresh berries 11

PROTEIN
loaded with spinach, pecans, granola, blueberries 11

OLD FASHIONED KALTED WAFFLE

BUTTERY BRIOCHE FRENCH TOAST

Breakfast Favorites

BREAKFAST BURRITO
2 scrambled eggs, pico de gallo, hash brown, cheese, and choice of two additional ingredients, meat or veggie 10.5 / Make it real or green multi-plate style 11

BREAKFAST SANDWICH
2 fried eggs, cheddar, onion, hash brown, american cheese, tomato, and a choice of potato 9

STEAK & EGGS
2 egg style eggs, chopped steak, american cheese, jalapeno, and your choice of potato 14

TWO EGG BREAKFAST
egg style, hash brown, bacon, choice of toast 9

Omelettes
a 3 egg omelette with your choice of potato and toast

THE CRYING PIG
bacon, sausage and onion with Swiss cheese 11

CALIFORNIA
egg white, tomato, spinach, cheddar, onion, jalapeno, topped with avocado 11

SOUTHWEST
chicken, cheddar cheese, pico de gallo, avocado, sour cream, ranchero sauce 11

MILE HIGH
ham, cheddar, onion, red and green bell pepper 11

LoKo MoKo
Old-style breakfast classic: a sunny side up egg, one ground beef patty, cheddar, onion, ranchero sauce, and white rice 18

CHILAQUILES
corn tortilla chips, chicken, 2 eggs, cheddar, ranchero sauce, pico de gallo, sour cream, green onion 11

BASIL MELT
grilled sausage, sliced ham, scrambled eggs, hash brown, cheddar, onion, and onion cheddar 11

HOMEMADE BISCUITS
Chilly cheddar-jalapeno biscuits served with stretch-into gravy 9

OVER EASY

MIMOSA FLIGHT
your choice of 4 styles 15

THE OG
breakfast sandwich of 8

BLOOD ORANGE PAMA

CRANBERRY LIME

GRAPEFRUIT ELDERFLOWER

STRAWBERRY ROSEMARY

SEASONAL FRUIT

DRAFT CHAMPAGNE

EASY COCKTAILS

MORNING MILE
Pineapple, orange, banana, fresh fig, grapefruit 11

PALOMA
House wine, tequila, lime, & 1/2 oz grapefruit syrup, red grapefruit juice 8

IRISH CHAI
Irish whiskey, vanilla, chai tea, almond croissant 8

BLOODY MARY

BLOODY GOOD
vodka, tomato juice, onion, fresh lemon and lime 6

BACON BLOODY
applewood smoked bacon, tomato, onion, a chili salt rim, and slice of lemon 8 / 1/2 oz blood orange juice 10

VINA MARIA
Mango, tequila, avocado, jalapeno, hot sauce 8

DRAFT BEER
4 / 16 oz. any variety

BUILD YOUR OWN

Start with a 3 egg omelette then add 3 ingredients 11

MEATS
bacon, ham, sausage, corned beef, chicken breast, turkey, slow cooked pork

VEGGIES
cucumber, spinach, garlic, tomato, onion, jalapeno, red and green bell pepper

CHEESE
american, cheddar, Swiss, pepperjack, etc. 11

ADD ANOTHER EGG or EGG WHITES 1.5

EXTRA INGREDIENT 1

* Two More to Go! 2.00. Or, for convenience of staff or host, order multiple, family, or group orders, or offer delivery by the hour. Details at 800.888.8888



RECORDS REQUIRED FOR AUDIT RESTAURANT/HOTEL/MOTEL

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with Black Ink

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine Compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

Over Easy

1. Name of restaurant (Please print): _____
2. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
3. A list of **all** food and liquor vendors
4. The restaurant menu used during the audit period
5. A price list for alcoholic beverages during the audit period
6. Mark-up figures on food and alcoholic products during the audit period
7. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
8. Monthly Inventory Figures - beginning and ending figures for food and liquor
9. Chart of accounts (copy)
10. Financial Statements-Income Statements-Balance Sheets
11. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks

12. Tax Records

- A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
- B. Income Tax Return - city, state and federal (copies)
- C. Any supporting books, records, schedules or documents used in preparation of tax returns

13. Payroll Records

- A. Copies of all reports required by the State and Federal Government
- B. Employee Log (A.R.S. §4-119)
- C. Employee time cards (actual document used to sign in and out each work day)
- D. Payroll records for all employees showing hours worked each week and hourly wages

14. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

A.R.S. §4-210(A)7

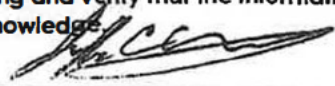
The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

- 1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

I, (Print Full Name) Jeffrey C. Miller, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: 

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE

DLIC USE ONLY

Fee:
Job #:
Date Accepted:
CSR:



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
(602) 542-5141

Personal Information Questionnaire

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT ☐ CONTROLLING PERSON ☐ MANAGER

- Name: Miller Jeffrey C
Last First Middle
- Social Security #: _____ Birth Date: ____/____/____
(NOT a public record) (NOT a public record)
- Driver's License #: _____ State Issued: _____
(NOT a public record)
- Are you a resident of Arizona? ☐ Yes ☐ No Date of residency: ____/____/____
- Email address: _____
- Home Address: _____
- Daytime phone #: _____ Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): 1845 N Globe St Ste 104 Goodyear AZ 85395
- Business Address: _____

AMENDMENT
Over Easy
319586



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
 (602) 542-5141

DLLC USE ONLY

Fee:	
Job #:	319586
Date Accepted:	12-02-2024
CSR:	SG

Personal Information Questionnaire

805-6014

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A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and
 A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☒ AGENT

☐ CONTROLLING PERSON

☐ MANAGER

- Name: Mille r Je ffery Crai g
Last First Middle
- Social Security # [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 06 / 06 / 1972
- Email address: Liquorlicense@azlic.com
- Home Address: [REDACTED]
- Daytime phone #: 480-730-2675 Alternative phone #: 928-200-1889

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): Over Easy
- Business Address: 1025 N Globe Dr Suite 104 Goodyear AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

Name of persons who will be handling the day to day operations: Brian Terpay
Christopher Brickley

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. **CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED**

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☐ No ☒
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets)
A.R.S. §4-202, 4-210
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes ☒ No ☐
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

I, (Print Full Name) Jeffrey Craig Miller hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 11/13/2024

P.O. Box 2502
Chandler, Arizona 85244
(480) 730-2675 Phone (480) 730-2676 Fax



ARIZONA LIQUOR INDUSTRY CONSULTANTS

Jeffrey Craig Miller statement Section 4 #1

ALIC is currently contracted with approximately 500 liquor establishments statewide. ALIC has been in business in the liquor industry since 1993. Depending on when this document is reviewed, it's possible that there may be a pending administrative citation, compliance action, arrest or summons against one of them.

ALIC was started in April of 1993, and has been associated with hundreds of liquor establishments and liquor licenses. Several of them have received citations (fines) and in some instances, a suspension. ALIC works with the compliance officer on a regular basis acting as a representative for those who utilize our contract services. I do not however, have anything to do with the actual operation of any liquor establishment in this or any other state. Therefore, none of the violations to which I have just referred can be associated to me personally. Additionally, it would be almost impossible for me to give you a reconciliation of these violations, as ALIC has been associated with so many licenses for so many years.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jeffrey Craig Miller".

Jeffrey Craig Miller



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
(602) 542-5141

24 12 11 Lic. Dept. 8 09
DLCC USE ONLY

Fee:

Job #:

Date Accepted:

CSR:

Personal Information Questionnaire

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A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☐ CONTROLLING PERSON

☐ MANAGER

- Name: Pacatte Timothy Scott
Last First Middle
- Social Security #: _____ Birth Date: ____/____/____
(NOT a public record) (NOT a public record)
- Driver's License #: _____ State Issued: _____
(NOT a public record)
- Are you a resident of Arizona? ☐ Yes ☐ No Date of residency: ____/____/____
- Email address: _____
- Home Address: _____
- Daytime phone #: _____ Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): 1845 N Globe St Ste 104 Goodyear AZ 85395
- Business Address: _____

AMENDMENT

Over EASY
#319586



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
 (602) 542-5141

DLLC USE ONLY

Fee:	
Job #:	319586
Date Accepted:	12-02-2024
CSR:	35

Personal Information Questionnaire

FD Current 2/9/2024

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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A.R.S. §4-101(22) and
 A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☐ MANAGER

1. Name: Pacatte Timothy Scott

Last

First

Middle

2. Social Security #

Birth Date:

(NOT a public record)

(NOT a public record)

3. Driver's License

State Issued: AZ

(NOT a public record)

5. Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 4 / 1 / 2015

6. Email address: tim@platedprojects.com

7. Home Address:

8. Daytime phone #: 9288534810

Alternative phone #:

SECTION 2 - LICENSED BUSINESS INFORMATION

1. Liquor License #:

2. Business Name (doing business as): Over Easy

3. Business Address: 4025 N Globe Dr Ste 104 Goodyear AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

Name of persons who will be handling the day to day operations: Christopher Brickey

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. **CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED**

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☒ No ☐
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? *A.R.S. §4-202(D)* Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets)
A.R.S. §4-202, 4-210
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes ☐ No ☒
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

I, (Print Full Name) Timothy Scott Pacatte hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: 

Date: 11/6/24



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
(602) 542-5141

24 12 11 Lir. Dep. #1803
DLIC USE ONLY

Fee:
Job #:
Date Accepted:
CSR:

Personal Information Questionnaire

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A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☐ CONTROLLING PERSON

☐ MANAGER

- Name: Field Jared Andrew
Last First Middle
- Social Security #: _____ Birth Date: ____/____/____
(NOT a public record) (NOT a public record)
- Driver's License #: _____ State Issued: _____
(NOT a public record)
- Are you a resident of Arizona? ☐ Yes ☐ No Date of residency: ____/____/____
- Email address: _____
- Home Address: _____
- Daytime phone #: _____ Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): 1845 N Globe St Ste 104 Goodyear AZ 85395
- Business Address: _____

AMENDMENT

over easy
#319586



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
 (602) 542-5141

DLLC USE ONLY

Fee:	
Job #:	319586
Date Accepted:	12-02-2024
CSR:	SG

Personal Information Questionnaire

fp current 02-09-2024

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A.R.S. §4-101(22) and
 A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☒ MANAGER

1. Name: Field Jared Andrew

2. Social Security [REDACTED] Birth [REDACTED]
(NOT a public record)

3. Driver's License [REDACTED] State Issued: AZ
(NOT a public record)

5. Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 7 / 1 / 85

6. Email address: jared@platedprojects.com

7. Home Address: [REDACTED]

8. Daytime phone #: 4804678526 Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

1. Liquor License #: _____

2. Business Name (doing business as): Over Easy

3. Business Address: 1826 N Globe Dr Ste 104 Goodyear AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

Name of persons who will be handling the day to day operations: Christopher Brickey

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☒ No ☐
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
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4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets)
A.R.S. §4-202, 4-210
*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license. Yes ☐ No ☒
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☐

I, (Print Full Name) Jared Field hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: 

Date: 11/6/2024

Section 4 #1

I am currently and/or previously an owner of the following locations

Over Easy Flagstaff 012030026515

Over Easy Flagstaff 012030002872

Over Easy Lake Pleasant Peoria 012070028273

Over Easy Queen Creek 012070028279

Over Easy Tempe 012070025856

Over Easy Glendale 012070024897

Over Easy Chandler 012070023983

Over Easy Rittenhouse Queen Creek 012070017240

Over Easy Surprise 012070014041

Over Easy Mesa 012070013147

Over Easy Arizona Ave Chandler 012070009103

Over Easy Scottsdale 012070008229

Over Easy Tatum Phoenix 1207B2223

Over Easy Phoenix 1207A528

Over Easy Southern Mesa 12079605

Over Easy Gilbert 12079359

Over Easy Camelback Phoenix 1207B129

Whisk & Whisky 12033435 cancelled license

Taverna Greek Grill 12033263

Continental Country Club 06030010

Jared Field

Eric Hutchins

Jared Field

JAKE WHITE



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
(602) 542-5141

Personal Information Questionnaire

Fee:
Job #:
Date Accepted:
CSR:

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A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT ☐ CONTROLLING PERSON ☐ MANAGER

- Name: Field Ryan Michael
Last First Middle
- Social Security #: _____ Birth Date: ____/____/____
(NOT a public record) (NOT a public record)
- Driver's License #: _____ State Issued: _____
(NOT a public record)
- Are you a resident of Arizona? ☐ Yes ☐ No Date of residency: ____/____/____
- Email address: _____
- Home Address: _____
- Daytime phone #: _____ Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): 1845 N Globe St Ste 104 Goodyear AZ 85395
- Business Address: _____

AMENDMENT
Over early
#319586



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
 (602) 542-5141

DLLC USE ONLY

Fee:	
Job #:	319586
Date Accepted:	12-02-2024
CSR:	SS

Personal Information Questionnaire

FD Current 3/31/2023

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

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Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and
 A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☒ MANAGER

1. Name: Field Ryan Michael

2. Social Security # [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)

3. Driver's License [REDACTED] State Issued: AZ
(NOT a public record)

5. Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 9 / 26 / 82

6. Email address: ryan@platedprojects.com

7. Home Address: [REDACTED]

8. Daytime phone #: 480-216-9767 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

1. Liquor License #: _____

2. Business Name (doing business as): Over Easy

3. Business Address: 4825 N Globe Dr Ste 104 Goodyear AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

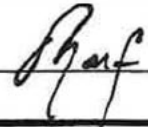
Name of persons who will be handling the day to day operations: Christopher Brickey

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. **CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED**

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☒ No ☐
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes ☐ No ☒
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.*
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☐

I, (Print Full Name) Ryan Field hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: 

Date: 11-11-24

Section 4 #1

I am currently and/or previously an owner of the following locations

Over Easy Flagstaff 012030026515

Over Easy Flagstaff 012030002872

Over Easy Lake Pleasant Peoria 012070028273

Over Easy Queen Creek 012070028279

Over Easy Tempe 012070025856

Over Easy Glendale 012070024897

Over Easy Chandler 012070023983

Over Easy Rittenhouse Queen Creek 012070017240

Over Easy Surprise 012070014041

Over Easy Mesa 012070013147

Over Easy Arizona Ave Chandler 012070009103

Over Easy Scottsdale 012070008229

Over Easy Tatum Phoenix 1207B2223

Over Easy Phoenix 1207A528

Over Easy Southern Mesa 12079605

Over Easy Gilbert 12079359

Over Easy Camelback Phoenix 1207B129

Whisk & Whisky 12033435 cancelled license

Taverna Greek Grill 12033263

Continental Country Club 06030010

Jared Field

Eric Hutchins

Jared Field

JAKE WHITE



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
(602) 542-5141

24 12 11 Liq. Dept PM 8:09

DLIC USE ONLY

Fee:

Job #:

Date Accepted:

CSR:

Personal Information Questionnaire

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Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☐ CONTROLLING PERSON

☐ MANAGER

1. Name: Hutchens Eric Matthew

Last

First

Middle

2. Social Security #: _____ Birth Date: ____/____/____
(NOT a public record) (NOT a public record)

3. Driver's License #: _____ State Issued: _____
(NOT a public record)

5. Are you a resident of Arizona? ☐ Yes ☐ No Date of residency: ____/____/____

6. Email address: _____

7. Home Address: _____

8. Daytime phone #: _____ Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

1. Liquor License #: _____

2. Business Name (doing business as): 1845 N Globe St Ste 104 Goodyear AZ 85395

3. Business Address: _____

AMENDMENT

WE EASY
#319586



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
 (602) 542-5141

DLCC USE ONLY

Fee:	
Job #:	319586
Date Accepted:	12-02-2024
CSR:	SG

Personal Information Questionnaire

FP current 3/31/2023

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A.R.S. §4-101(22) and
 A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☒ MANAGER

1. Name: Hutchens Eric Matthew

2. Social Security: [REDACTED] Birth Date: [REDACTED]
(NOT a public record)

3. Driver's License: [REDACTED] State Issued: AZ
(NOT a public record)

5. Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 8 / 5 / 1979

6. Email address: ehutchens@hutchcompanies.com

7. Home Address: [REDACTED]

8. Daytime phone #: 5204902491 Alternative phone #: [REDACTED]

SECTION 2 - LICENSED BUSINESS INFORMATION

1. Liquor License #: [REDACTED]

2. Business Name (doing business as): Over Easy

3. Business Address: 1025 N Globe Dr Ste 104 Goodyear AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

Name of persons who will be handling the day to day operations: Christopher Brickey

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☒ No ☐
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? *A.R.S. §4-202(D)* Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202,4-210*
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes ☐ No ☒
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☐

I, (Print Full Name) Eric M. Hutchens hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: E. Hutchens Date: 11/7/2024

Section 4 #1

I am currently and/or previously an owner of the following locations

Over Easy Flagstaff 012030026515

Over Easy Flagstaff 012030002872

Over Easy Lake Pleasant Peoria 012070028273

Over Easy Queen Creek 012070028279

Over Easy Tempe 012070025856

Over Easy Glendale 012070024897

Over Easy Chandler 012070023983

Over Easy Rittenhouse Queen Creek 012070017240

Over Easy Surprise 012070014041

Over Easy Mesa 012070013147

Over Easy Arizona Ave Chandler 012070009103

Over Easy Scottsdale 012070008229

Over Easy Tatum Phoenix 1207B2223

Over Easy Phoenix 1207A528

Over Easy Southern Mesa 12079605

Over Easy Gilbert 12079359

Over Easy Camelback Phoenix 1207B129

Whisk & Whisky 12033435 cancelled license

Taverna Greek Grill 12033263

Continental Country Club 06030010

Jared Field

Eric Hutchins

Eric

Jared Field

Eric

JAKE WHITE



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
(602) 542-5141

24 12 11 11:49 AM 8:09
DLIC USE ONLY

Fee:
Job #:
Date Accepted:
CSR:

Personal Information Questionnaire

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A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☐ CONTROLLING PERSON

☐ MANAGER

- Name: White Jacob Clay
Last First Middle
- Social Security #: _____ Birth Date: ____/____/____
(NOT a public record) (NOT a public record)
- Driver's License #: _____ State Issued: _____
(NOT a public record)
- Are you a resident of Arizona? ☐ Yes ☐ No Date of residency: ____/____/____
- Email address: _____
- Home Address: _____
- Daytime phone #: _____ Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): 1845 N Globe St Ste 104 Goodyear AZ 85395
- Business Address: _____

AMENDMENT

New EASY
#319 586



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
 (602) 542-5141

DLLC USE ONLY

Fee:

Job #:

Date Accepted:

CSR:

Personal Information Questionnaire

Ep current 02/09/2024

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A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☒ MANAGER

1. Name: White Jacob Clay

Last

First

Middle

2. Social Security

Birth Date:

(NOT a public record)

(NOT a public record)

3. Driver's License

State Issued: AZ

(NOT a public record)

5. Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 6 / 28 / 78

6. Email address: ja. Kewwhite@gmail.com

7. Home Address:

8. Daytime phone #: 6023637993

Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

1. Liquor License #: _____

2. Business Name (doing business as): Over Easy

3. Business Address: 1625 N Globe Dr Ste 104 Goodyear AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

Name of persons who will be handling the day to day operations:

Christopher Bricker

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☒ No ☐
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets)
A.R.S. §4-202, 4-210
*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license. Yes ☐ No ☒
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

I, (Print Full Name) Jacob White hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:

Jacob White

Date:

11/7/24

Section 4 #1

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Over Easy Flagstaff 012030026515

Over Easy Flagstaff 012030002872

Over Easy Lake Pleasant Peoria 012070028273

Over Easy Queen Creek 012070028279

Over Easy Tempe 012070025856

Over Easy Glendale 012070024897

Over Easy Chandler 012070023983

Over Easy Rittenhouse Queen Creek 012070017240

Over Easy Surprise 012070014041

Over Easy Mesa 012070013147

Over Easy Arizona Ave Chandler 012070009103

Over Easy Scottsdale 012070008229

Over Easy Tatum Phoenix 1207B2223

Over Easy Phoenix 1207A528

Over Easy Southern Mesa 12079605

Over Easy Gilbert 12079359

Over Easy Camelback Phoenix 1207B129

Whisk & Whisky 12033435 cancelled license

Taverna Greek Grill 12033263

Continental Country Club 06030010

Jared Field



Eric Hutchinson



Juan Field
Ranf

JAKE WHITE




Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
(602) 542-5141

24 12 11 11:09 AM 8:09

DLIC USE ONLY

Fee:

Job #:

Date Accepted:

CSR:

Personal Information Questionnaire

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A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☐ CONTROLLING PERSON

☐ MANAGER

- Name: Brickey Christopher Warren
Last First Middle
- Social Security #: _____ Birth Date: ____/____/____
(NOT a public record) (NOT a public record)
- Driver's License #: _____ State Issued: _____
(NOT a public record)
- Are you a resident of Arizona? ☐ Yes ☐ No Date of residency: ____/____/____
- Email address: _____
- Home Address: _____
- Daytime phone #: _____ Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): 1845 N Globe St Ste 104 Goodyear AZ 85395
- Business Address: _____

AMENDMENT

OVER EASY
3 9586



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
 (602) 542-5141

DLIC USE ONLY

Fee:	
Job #:	319586
Date Accepted:	12-07-2024
CSR:	SG

Personal Information Questionnaire

FP Current 02-09-2024

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A.R.S. §4-101(22) and
 A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT ☐ CONTROLLING PERSON ☒ MANAGER

- Name: Brickey Christopher Warren
 Last First Middle
- Social Security # [REDACTED] Birth Date: [REDACTED]
(NOT a public record)
- Driver's License [REDACTED] State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 6 / 1 / 2001
- Email address: cbrickey@platedprojects.com
- Home Address: [REDACTED]
- Daytime phone #: 4802209318 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): Over Easy
- Business Address: 1825 N Globe Dr Ste 104 Goodyear AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

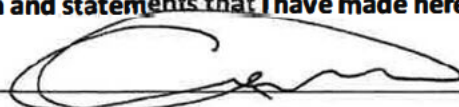
Name of persons who will be handling the day to day operations: Christopher Brickey

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. **CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED**

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☐ No ☒
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? *A.R.S. §4-202(D)* Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets)
A.R.S. §4-202, 4-210
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes ☐ No ☒
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

I, (Print Full Name) Chris Brickey hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 11-25-2024