

Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez
Deputy Clerk

Administration Division
130 W. Congress, 5th Floor
Tucson, AZ 85701
Phone: (520)724-8449 • Fax: (520)222-0448

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

January 18, 2017

Aftim Amin Saba
Fiamme Pizza
6050 E. Miramar Dr.
Tucson, AZ 85715

RE: Arizona Liquor License No.: 12104479
d.b.a. Fiamme Pizza

Dear Mr. Saba:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 12, Restaurant, which was received in our office on December 12, 2016. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, February 7, 2017, at 9:00 a.m. or thereafter, at the following location:

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

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

Sincerely,

A handwritten signature in cursive script that reads "Julie Castañeda".

Julie Castañeda
Clerk of the Board

Enclosure



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

JAN 06 17 10:02:25 P.C. KOF RD

AFFIDAVIT OF POSTING

Date of Posting: 12-16-14 Date of Posting Removal: 1-6-2017

Applicant's Name: **Fiamme Pizza**
Saba Aftim Amin
Last First Middle

Business Address: **4706 Sunrise Drive** **Tucson** **85718**
Street City Zip

License #: 12104479

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

Armando Terreros Process Server 520-306-8603
Print Name of City/County Official Title Phone Number

[Signature] #7694 1-6-2017
Signature Date Signed

Return this affidavit with your recommendations (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents. If you have any questions please call (602) 542-5141 and ask for the Licensing Division.



Pima County Clerk of the Board

Robin Brigode

Julie Castañeda
Deputy Clerk

Administration Division
130 W. Congress, 5th Floor
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520)222-0448

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

TO: Development Services, Zoning Division
FROM: Ricci Romero *RR*
Administrative Support Specialist
DATE: December 12, 2016
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Aftim Amin Saba
d.b.a. Fiamme Pizza
4706 Sunrise Drive
Tucson, AZ 85718

Arizona Liquor License No. 12104479
Series 12, Restaurant
New License
Person Transfer
Location Transfer

ZONING REPORT

DATE: 1/13/17

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

Yes No

If No, please explain:

[Handwritten Signature]
Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

JAN 13 17 17:04:56 POC/CLK OF TB *RR*



Pima County Clerk of the Board

Robin Brigode

Julie Castañeda
Deputy Clerk

Administration Division
130 W. Congress, 5th Floor
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520)222-0448

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

TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Ricci Romero *RR*
Administrative Support Specialist

DATE: December 12, 2016

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Aftim Amin Saba
d.b.a. Fiamme Pizza
4706 Sunrise Drive
Tucson, AZ 85718

Arizona Liquor License No. 12104479
 Series 12, Restaurant
 New License X
 Person Transfer
 Location Transfer

SHERIFF'S REPORT

DATE: 12/19/16

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

- NOTHING NOTED

RR
 Investigative Support Unit Supervisor

When complete, please return to cob_mail@pima.gov

REC'D 12/19/16 P.C. CLERK OF BOARD
RR



16 DEC 12 Upr. Lic. PM12000

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

16-30-9273

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 This application is for a:

- Interim Permit (Complete Section 5)
New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
Location Transfer (Bars and Liquor Stores Only)
Probate/ Will Assignment/ Divorce Decree
Government (Complete Sections 2, 3, 4, 10, 13, 16)
Seasonal

SECTION 2 Type of Ownership:

- J.T.W.R.O.S. (Complete Section 6)
Individual (Complete Section 6)
Partnership (Complete Section 6)
Corporation (Complete Section 7)
Limited Liability Co (Complete Section 7)
Club (Complete Section 8)
Government (Complete Section 10)
Trust (Complete Section 6)
Tribe (Complete Section 6)
Other (Explain)

SECTION 3 Type of license

1. Type of License: LICENSE # 12104479

SECTION 4 Applicants

1 Individual Owner/Agent's Name: SABA AFTIM AMIN
Last First Middle

2. Owner Name: (Ownership name for type of ownership checked on section 2)

3 Business Name: FIAMME PIZZA (Exactly as it appears on the exterior of premises)

4. Business Location Address: 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: Daytime Contact Phone:

7. Email Address:

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

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No
If yes, what City, Town or Tribal Reservation is this Business located in:

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$

Fees: Application \$100.00 Interim Permit \$50.00 Site Inspection \$44.00 Finger Prints \$194.00 Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes
Accepted by: Date: 12/8/16 License # 12104479

AMENDMENT

Vertical stamp: JFC 1216M1254PC1K0FED



16 DEC 9 11 49 AM '15

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

DEC 12 11 51 AM 2015

SECTION 1 This application is for a:

- Interim Permit (Complete Section 5)
New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
Location Transfer (Bars and Liquor Stores Only)
Probate/ Will Assignment/ Divorce Decree
Government (Complete Sections 2, 3, 4, 10, 13, 16)
Seasonal

SECTION 2 Type of Ownership:

- J.T.W.R.O.S. (Complete Section 6)
Individual (Complete Section 6)
Partnership (Complete Section 6)
Corporation (Complete Section 7)
Limited Liability Co (Complete Section 7)
Club (Complete Section 8)
Government (Complete Section 10)
Trust (Complete Section 6)
Tribe (Complete Section 6)
Other (Explain)

SECTION 3 Type of license

1. Type of License: LICENSE # 12104479

SECTION 4 Applicants

1. Individual Owner/Agent's Name: SABA AFTIM AMIN
Last First Middle

2. Owner Name: (Ownership name for type of ownership checked on section 2)

3. Business Name: Fiamme Pizza
(Exactly as it appears on the exterior of premises)

4. Business Location Address: (Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 6050 E MIRAMAR DR TUCSON AZ 85715
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: Daytime Contact Phone:

7. Email Address:

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

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No
If yes, what City, Town or Tribal Reservation is this Business located in:

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$

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?
Accepted by: Date: License # AMENDMENT



16 DEC 7 11:06 AM Dept PM 1223

16 SEP 30 11:23 AM Dept PM 1223

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

16 NOV 4 11:23 AM Dept PM 1223

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 This application is for a:

- Interim Permit (Complete Section 5)
New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
Location Transfer (Bars and Liquor Stores Only)
Probate/ Will Assignment/ Divorce Decree
Government (Complete Sections 2, 3, 4, 10, 13, 16)
Seasonal

SECTION 2 Type of Ownership:

- J.T.W.R.O.S. (Complete Section 6)
Individual (Complete Section 6)
Partnership (Complete Section 6)
Corporation (Complete Section 7)
Limited Liability Co (Complete Section 7)
Club (Complete Section 8)
Government (Complete Section 10)
Trust (Complete Section 6)
Tribe (Complete Section 6)
Other (Explain)

SECTION 3 Type of license

1. Type of License Series 12 Restaurant LICENSE # 12104479

SECTION 4 Applicants

- Individual Owner/Agent's Name: SABA AFTIM Amin
Owner Name: Fiamme Pizza Napoletana LLC
Business Name: Fiamme Pizza
Business Location Address: 4706 sunrise dr Tucson AZ 85718 Pima
Mailing Address: 4706 sunrise dr Tucson AZ 85718
Business Phone: 520-971-8256 Daytime Contact Phone: 520-971-8256
Email Address: fiammewoodfired@gmail.com
Is the Business located within the incorporated limits of the above city or town? No
Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? No
Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$

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?
Accepted by: Date: License #

16 DEC 8 11:47 Lic. #13 510

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: _____

2. Is the license currently in use? Yes No If no, how long has it been out of use? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ (Print Full Name)		declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.	
X _____ (Signature of CURRENT Individual Owner/Agent)	State of _____	County of _____	The foregoing instrument was acknowledged before me this _____
My commission expires on: _____ Date	_____ Day	of _____ Month	_____ Year
		_____ Signature of NOTARY PUBLIC	

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

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

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business? Yes No

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

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

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

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

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

- Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7
 LLC. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ LLC: Flamme Pizza Napoletana LLC
 2. Date Incorporated/Organized: Jan 28th 2016 State where Incorporated/Organized: Arizona
 3. AZ Corporation or AZ LLC File No: L20641482 Date authorized to do Business in AZ: February 3rd 2016
 4. Is Corp/LLC Non Profit? Yes No
 5. List Directors, Officers, Members in Corporation/LLC:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Volpe	Scott	Anthony	member	11221 W. Copperfield	Marana	AZ	85658
Saba	Ahmed	Amin	member	6050 E Miramar	Tucson	AZ	85715

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Volpe	Scott	Anthony	75%	11221 W. Copperfield	Marana	AZ	85658
Saba	Ahmed	Amin	25%	6050 E Miramar	Tucson	AZ	85715

(Attach additional sheet if necessary)

7. If the corporation/ LLC are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

SECTION 8 Club Applicants

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

1. Name of Club: _____
2. Is Club non-profit? Yes No
3. List all controlling members (minimum of four (4) requested)

Last	First	Middle	Mailing Address	City	State	Zip Code

(Attach additional sheet if necessary)

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

1. Current Licensee's Name: _____
(Exactly as it appear on the license) Last First Middle
2. Assignee's Name: _____
 Last First Middle
3. License Type: _____ License Number: _____

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.

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

1. Government Entity: _____
2. Person/Designee: _____
 First Last Middle Day time Contact Phone #

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

SECTION 11 Location to Location Transfer: Series 6 Bar, Series 7 Beer & Wine Series 9 Liquor Stores only)

1. Current Business: Name: _____
 Address: _____
(Exactly as it appears on license)
2. New Business: Name: _____
 Address: _____
1. License Type: _____ License Number: _____

16 DEC 8 11:41 AM '10

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: _____ Entity: _____
Last First Middle (Individual, Agent, Etc.)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? Yes No

8. Does the applicant intend to operate the business while this application is pending? Yes No

If yes, complete Section 5 (**Interim Permit**) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) _____ hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) _____, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

NOTARY

X _____
(Signature of CURRENT Individual Owner/Agent)

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

My commission expires on: _____
Date

_____ of _____
Day Month Year

Signature of NOTARY PUBLIC

Aftim Amin Saba

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants.

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

- a) Restaurant license (§ 4-205.02) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18
- e) Government license (§ 4-206.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 2112 feet Name of School: Catalina foothills Az
(if less than one (1) mile note footage) Address: 4300 E Sunrise dr Tucson 85718

2. Distance to nearest Church: 16,896 feet Name of Church: St Thomas the Apostle
(if less than one (1) mile note footage) Address: 5150 N Valley View Rd
TUCSON AZ 85718

SECTION 14 Business Financials

1. I am the: Lessee Sub-lessee Owner Purchaser Management Company

2. If the premise is leased give lessors: Name: Sunrise Village Investors LLC
Address: 5655 E Broadway Tucson, AZ 85711
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 3,218.92

4. What is the remaining length of the lease? Yrs. 6 Months

5. What is the penalty if the lease is not fulfilled? \$ 37,584.00 or Other: _____
(Give details -attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 125,000 (Loan is still Pending)
Please List Lenders/People you owe money to for business.

Lender	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Business Development			125,000	335 N Wilma+ Rd # 420			
finance corporation				Tucson, AZ			85711

7. What type of business will this license be used for (be specific)? (Attach additional sheet if necessary)
Pizza Restaurant with authentic neapolitan style pizza along with other typical italian dishes.

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? Yes No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? Yes No

10. Is the premises currently license with a liquor license? Yes No

If yes, give license number and licensee's name:
License #: _____ Individual Owner /Agent Name: _____
(Checky as it appears on license)

AMENDMENT

16 DEC 8 11:49. Lic. PM 3:50

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants.

A.R.S. § 4-207. (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18
- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 2112 feet Name of School: Catalina foothills
(If less than one (1) mile note footage) Address: 4300 E Sunrise dr Tucson 85718

2. Distance to nearest Church: 16,896 feet Name of Church: St Thomas the Apostle
(If less than one (1) mile note footage) 3.2 miles Address: 5150 N Valley View Rd
TUCSON AZ 85718

SECTION 14 Business Financials

1. I am the: Lessee Sub-lessee Owner Purchaser Management Company

2. If the premise is leased give lessors: Name: Sunrise Village Investors LLC
Address: 5055 E Broadway Tucson, AZ 85711
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 3,219.92

4. What is the remaining length of the lease? Yrs. 6 Months _____

5. What is the penalty if the lease is not fulfilled? \$ 37,540.00 or Other: _____
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 125,000 (Loan is still Pending)
Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Business Development			125,000	335 N Wilmet Rd # 420	Tucson	AZ	85711
Finance corporation							

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
Pizza Restaurant with authentic neapolitan style pizza along with other typical italian dishes.

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? Yes No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? Yes No

10. Is the premises currently license with a liquor license? Yes No

If yes, give license number and licensee's name:

License #: _____ Individual Owner /Agent Name: _____
(Exactly as it appears on license)

15 DEC 8 LIQ. Lic. PM 3 51

SECTION 15 Restaurant or hotel/motel license applicants

- 1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No
- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this Restaurant Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

AS
(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.

AS
(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- Entrances/Exits Liquor storage areas **Patio:** Contiguous
- Walk-up windows Drive-through windows Non Contiguous

- 1. Is your licensed premises currently closed due to construction, renovation or redesign? Yes No
If yes, what is your estimated completion date? December 15, 2016
Month/Day/Year
- 2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
- 3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
- 4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.
- 5. **As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.**

AS
(Applicant's Initials)

16 DEC 8 LIQ. Lic. PM 3 51

SECTION 16 Diagram of Premises - continued

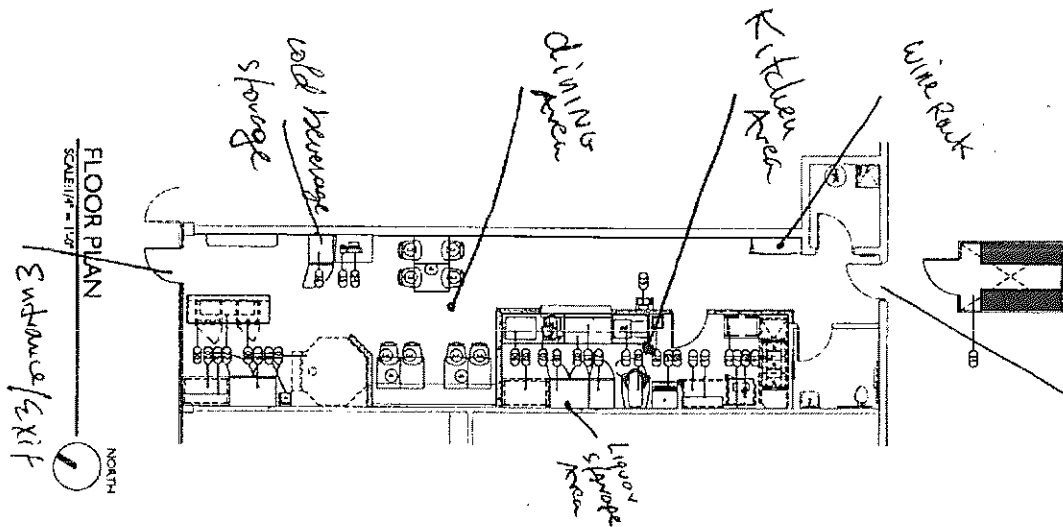
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking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

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

DIAGRAM OF PREMISES

Diagram Attached

16 DEC 8 11:47 AM '13



Total square footage 965 sq ft

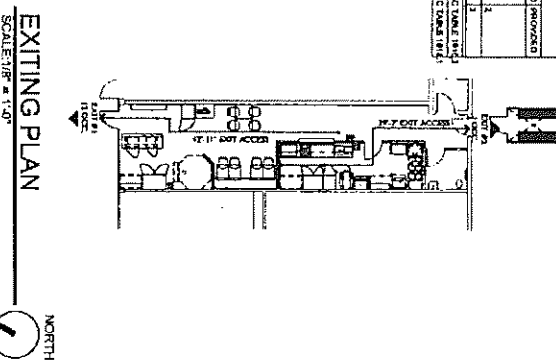
DESCRIPTION	QTY	UNIT	FLOOR	TOTAL
DINING TABLE	18			18
DINING SEAT	45			45
DINING CHAIR	45			45
BAR SEAT	12			12
BAR CHAIR	12			12
BAR STOOL	12			12
QUANT. TOTAL	120			120
PATIO	0			0
BAR	0			0
TOTAL	12			12

SEATING CALCULATIONS	
NO. OF CHAIRS PER TABLE	4
NO. OF CHAIRS PER BAR	1
NO. OF CHAIRS PER STOOL	1
NO. OF CHAIRS PER SEAT	1
TOTAL CHAIRS	120

DESCRIPTION	AREA	LOADING	EGRESS	REMARKS
DINING ROOM	965	1	1	1 PER 100 SQ FT
BAR AREA	150	1	1	1 PER 100 SQ FT
TOTAL	1115	2	2	

- 1. ALL EQUIPMENT TO BE INSTALLED BY GENERAL CONTRACTOR.
- 2. ALL THE CURRENT MARKET LOADS AT ALL RECEPTIONS UNIT, AND ALL THE WALLS SHALL BE TO BE INSTALLED ON PERMIT, ACCORDING TO ALL THE LOCAL CODES AND REGULATIONS.
- 3. ALL EQUIPMENT AND FIXTURES TO BE INSTALLED ON PERMIT.

ITEM NO.	DESCRIPTION	FINISH	QTY	UNIT	REMARKS
1	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN KITCHEN
2	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN RESTROOM
3	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN ENTRY
4	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN DINING AREA
5	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
6	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN PATIO
7	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
8	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
9	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
10	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
11	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
12	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
13	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
14	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
15	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
16	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
17	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
18	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
19	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
20	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
21	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
22	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
23	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
24	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA
25	CERAMIC TILE FLOOR	1/2" x 3/4" CERAMIC TILE	1200	SQ FT	IN BAR AREA



FIAMME PIZZA
4706 E. Sunrise Dr.
Tucson, Arizona 85718

EQUIPMENT, SEATING AND EXITING PLAN

Project: FIAMME PIZZA

 Date: 04/24/14

 Scale: 1/8" = 1'-0"



16 DEC 8 11:49. Lic. PM 2 43

16 DEC 8 11:49. Lic. PM 3 51

Aftim Amin Saka

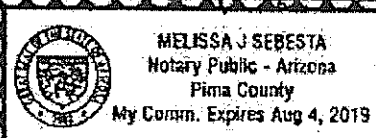
SECTION 17 SIGNATURE BLOCK.

NOTARY

I, (Print Full Name) Aftim Amin Saka, hereby declare that I am the Owner/Agent filing this application as stated in Section 4. I have read this application and verify all statements to be true, correct and complete.

X [Signature] State of _____ County of _____
(Signature of CURRENT Individual Owner/Agent) The foregoing instrument was acknowledged before me this

My commission expires on: Aug 4, 2019 27 of September 2016
Day Month



MELISSA J SEBESTA
 Notary Public - Arizona
 Pima County
 My Comm. Expires Aug 4, 2019

[Signature]
Signature of NOTARY PUBLIC

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter, prohibited agency action prohibited, acts by state employees, enforcement, notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

AMENDMENT

16 DEC 8 11:47 AM '11

SECTION 17 SIGNATURE BLOCK

NOTARY

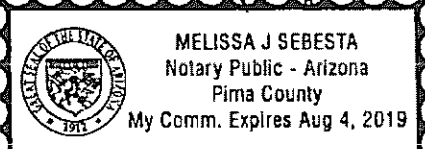
I, (Print Full Name) Aftim Saba, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(Signature of CURRENT Individual Owner/Agent)

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

My commission expires on: Aug 4, 2019

27 Day of September 2016
Month Year



[Signature]
Signature of NOTARY PUBLIC

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



16 DEC 7 Lique. Dept PM 1 07

16 SEP 30 Lique. Dept PM 12:24

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ, 85007-2934
www.azliquor.gov
(602) 542-5141

RESTAURANT OPERATION PLAN

DLLC USE ONLY LICENSE # 12104479

16 NOV 4 Lique. Dept PM 12:38

16 DEC 8 Lique. Dept PM 3:51

- 1. Name of restaurant (Please print): Fiamme Pizza
2. List by Make, Model, and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:) attached part list

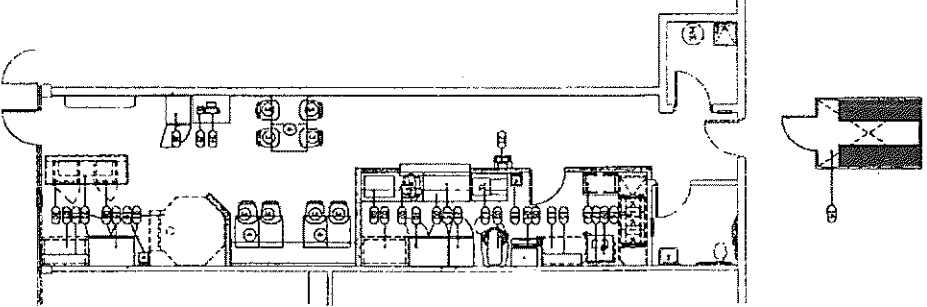
Table with 2 columns: Equipment Type, Capacity/Details. Rows include Grill, Oven, Freezer, Refrigerator, Sink, Dish Washing Facilities, Food Preparation Counter (Dimensions), and Other.

- 3. Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
4. List the seating capacity for:
a. Restaurant dining area of your premises: (Do not include patio seating) [12]
b. Bar area of your premises: [+ 0]
c. Total dining and bar seating capacity of your premises: [= 12]
5. What Type of dinnerware and utensils are utilized within your restaurant? [X] Reusable [] Disposable [] Both
6. Does your restaurant have a bar area that is distinct and separate from the dining area? [] YES [X] No (If yes, what percentage of the public floor space does this area cover?) _____%
7. What percentage of your public premises is used primarily for restaurant dining? (Do not include kitchen, bar, hi-top tables, or game area.) 25%

16 DEC 8 10q. Lic. PM 3 51

ALL EFFORTS TO BE MADE TO ACHIEVE THE HIGHEST LEVELS OF CLARITY AND DETAIL FOR ANY AND ALL NECESSARY CONSTRUCTION.

FLOOR PLAN
SCALE: 1/8" = 1'-0"



SEATING CALCULATIONS

AREA	TABLE QTY	FLOOR	TOTAL
DINING	12	1	12
BAR	8	1	8
STATION	4	1	4
PATIO	4	1	4
GRAND TOTAL			28
MIN	12		12
MAX	28		28
TOTAL			12

EQUIPMENT / ACCESSORIES SCHEDULE

DESCRIPTION	QTY	UNIT	TYPE / MAKE MODEL NOS.	PHASED BY OWNER	PHASED BY CONTRACTOR
STOVE	1				
SINK	1				
CUPBOARD	1				
COUNTER	1				
REF	1				
SEATING	28				
BAR	8				
STATION	4				
PATIO	4				
TOTAL					

OCCUPANT LOAD / EGRESS REQUIREMENTS

PER 2010 IBC TABLE 1003.2

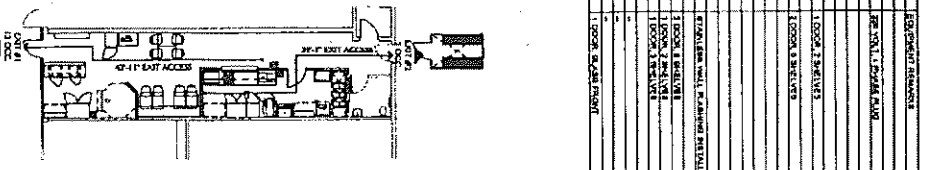
PER 2010 IBC TABLE 1003.1

PER 2010 IBC TABLE 1003.4

EQUIPMENT FINISH SCHEDULE

ITEM	DESCRIPTION	FINISH	QTY	UNIT
1	STOVE	STAINLESS STEEL	1	
2	SINK	STAINLESS STEEL	1	
3	CUPBOARD	STAINLESS STEEL	1	
4	COUNTER	STAINLESS STEEL	1	
5	REF	STAINLESS STEEL	1	
6	SEATING	STAINLESS STEEL	28	
7	BAR	STAINLESS STEEL	8	
8	STATION	STAINLESS STEEL	4	
9	PATIO	STAINLESS STEEL	4	
10	DINING	STAINLESS STEEL	12	
11	STAINLESS STEEL			
12	STAINLESS STEEL			
13	STAINLESS STEEL			
14	STAINLESS STEEL			
15	STAINLESS STEEL			
16	STAINLESS STEEL			
17	STAINLESS STEEL			
18	STAINLESS STEEL			
19	STAINLESS STEEL			
20	STAINLESS STEEL			
21	STAINLESS STEEL			
22	STAINLESS STEEL			
23	STAINLESS STEEL			
24	STAINLESS STEEL			
25	STAINLESS STEEL			
26	STAINLESS STEEL			
27	STAINLESS STEEL			
28	STAINLESS STEEL			
29	STAINLESS STEEL			
30	STAINLESS STEEL			

EXITING PLAN
SCALE: 1/8" = 1'-0"



FIAMME PIZZA
4706 E. Sunrise Dr.
Tucson, Arizona 85718

a23 studios
ARCHITECTS
1000 N. 17th Ave, Suite 100
Tucson, AZ 85710
Tel: 520.925.1111
www.a23studios.com

**EQUIPMENT, SEATING AND
EXITING PLAN**

Project: PIZZA
Date: 03/01/16
Scale: As Shown
Sheet: 02

Aftim Amin Saba

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.)

1 television

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. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	5
Bartenders	
Hostesses	
Managers	1
Servers	3
Other ()	
Other ()	
Other ()	

X I, ^{Amin} Aftim Saba hereby declare that I am the APPLICANT filing this applic
(Print full name)

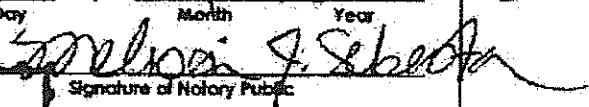
I have read this application and the contents and all statements true, correct and complete.

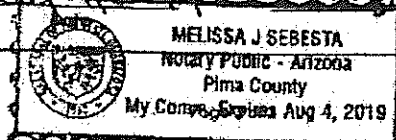
X 
(Signature of APPLICANT)

NOTARY

State of Arizona county of Pima

The foregoing instrument was acknowledged before me this 22 day of September 2016
Day Month Year

My Commission Expires on: August 4, 2019 
Signature of Notary Public



8/11/2016

Individuals requiring ADA accommodations call 1-800-542-9333

AMENDMENT

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.)

1 television

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. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	5
Bartenders	
Hostesses	
Managers	1
Servers	3
Other ()	
Other ()	
Other ()	

I, Aftim Saba, hereby declare that I am the APPLICANT filing this application.
(Print full name)

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

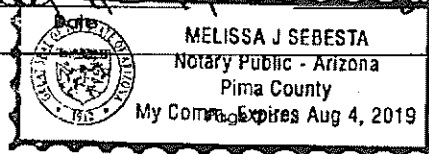
X [Signature]
(Signature of APPLICANT)

NOTARY

State of Arizona county of Pima

The foregoing instrument was acknowledged before me this 22 day of September 2016
Day Month Year

My Commission Expires on: August 4, 2019 Melissa J. Sebesta
Signature of Notary Public



8/11/2015



Arizona Department of Liquor Licenses and
Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

RECORDS REQUIRED FOR AUDIT
Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

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:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. 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
11. 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
12. 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

16 DEC 8 10:41 AM '01

16 DEC 8 11:47 AM '13

13. 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.

**REVOCAION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. 54-210(A)7 AND A.R.S. 54-205.02(G).**

A.R.S. 54-210(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. 54-205.02(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.


NOTARY

X I, (Print Full Name) AFTIM^{Amin} SABA have read and understand all aspects of this statement

X (Signature) [Signature] State of Arizona County of Pima
Controlling Person / Agent the foregoing instrument was acknowledged before me this

Day of 27 of September 2013
Day Month Year

My commission expires on: Aug 4, 2019



MELISSA J SEBESTA
Notary Public - Arizona
Pima County
My Comm. Expires Aug 4, 2019

[Signature]
Signature of NOTARY PUBLIC

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

AMENDMENT

13. 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.

NOTARY


I, (Print Full Name) AFTIM SABA, have read and understand all aspects of this statement

X (Signature)  Controlling Person / Agent


State of Arizona County of Pima
the foregoing Instrument was acknowledged before me this

27 of September 2016
Day Month Year

My commission expires on: Aug 4, 2019



MELISSA J SEBESTA
Notary Public - Arizona
Pima County
My Comm. Expires Aug 4, 2019


Signature of NOTARY PUBLIC

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