



Melissa Manriquez
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December 22, 2017

Jose A. Moreno
Super Carniceria Del Valle
2611 W. Drexel Road
Tucson, AZ 85746

RE: Application for Agent Change/Acquisition of Control/Restructure
Arizona Liquor License No.: 10103532
Super Carniceria Del Valle

Dear Mr. Moreno:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above application. Please be advised that the hearing has been scheduled for Tuesday, January 16, 2018, at 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 West Congress, 1st Floor
Tucson, Arizona 85701

For your information, enclosed is a copy of the Sheriff's Report. Any questions pertaining to the enclosed report should be directed to the Pima County Sheriff's Department at (520) 351-6999. If you have any questions pertaining to the above referenced hearing, please contact this office at (520) 724-8449.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Castañeda".

Julie Castañeda
Clerk of the Board

Enclosure

c: Pima County Sheriff Investigative Support Unit

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17-38-0118

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

DLLC USE ONLY

Date Processed:	12/8/17
CSR:	AP
60th Day:	Feb 6, 2018

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APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1

Check the appropriate boxes

<input checked="" type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, 3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
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SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: Martinez-Silvas, Rafael MORENO JOSE A 10103532
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #

2. Owner Name: Super Carniceria Del Valle LLC B1041948 Corp File #: L14953673
(Exactly as it appears on Liquor License) (if applicable)

3. Business Name: Super Carniceria Del Valle LLC Email: lupitac1@hotmail.com
(Exactly as it appears on Liquor License)

4. Business Location Address: 2611 W. Drexel Rd Tucson Pima 85746
(Do not use P.O. Box Number) City COUNTY Zip

5. Is the Business located within the incorporated limits of the above City or Town? Yes No

6. 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: _____

7. Mailing Address: 2611 W. Drexel Rd Tucson AZ 85746
City State Zip

8. Business Phone: (520) 578-0102 Daytime Contact Phone (520) 304-6552

9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? Yes No If yes, submit a certified copy of minutes.

10. Has there been any change of Controlling Persons? Yes No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

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SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input checked="" type="checkbox"/>	Mareno	Jose	A	Member	4203 E. Shadow Branch Dr.	Tucson, AZ	AZ	85756
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>	Martinez	Rafael		50	7360 S. Sorrel Ln	Tucson, AZ	AZ	85740
<input type="checkbox"/>	Moreno	Jose	A	50/100	4203 E. Shadow Branch Dr.	Tucson, AZ	AZ	85756
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

DEC 11 17:02:40 PCLK OF BD

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? Yes No

If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? Yes No

If yes, Name of current Manager: _____ Last First Middle

Basic Training Yes No

Management Training Yes No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License # 10103532

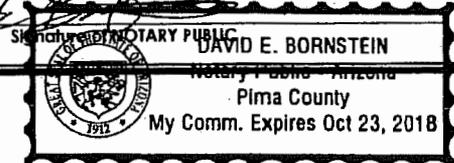
2. Current Agent Name: Martinez, Rafael (Exactly as it appears on license) Last First Middle

I, (Print full name) Rafael Martinez, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X [Signature] (Controlling Person/Existing Agent)

State of ARIZONA County of PIMA The foregoing instrument was acknowledged before me this 18 of October, 2017 Day Month Year

My commission expires on: 10/23/2018



SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? YES NO

If YES, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- Individual ownership options: J.T.W.R.O.S., INDIVIDUAL, PARTNERSHIP, CORPORATION, LIMITED LIABILITY CO., MANAGEMENT CO., TRIBE, TRUST, OTHER (Explain)

- Individual ownership options: J.T.W.R.O.S., INDIVIDUAL, PARTNERSHIP, CORPORATION, LIMITED LIABILITY CO., MANAGEMENT CO., TRIBE, TRUST, OTHER (Explain)

SECTION 7 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) Jose A. Moreno, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] (Controlling Person/Existing Agent)

State of ARIZONA County of PIMA The foregoing instrument was acknowledged before me this 17 of October, 2017 Day Month Year

My commission expires on: 10/23/18 Notary Public - Arizona Pima County My Comm. Expires Oct 23, 2018

[Signature] Signature of NOTARY PUBLIC