

Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy
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) 351-8456

May 22, 2013

Ms. Jennifer Stern
Sweet Peas Café
P.O. Box 683
Arivaca, AZ 85601

RE: Pima County Liquor License No.: 13-06-9148
d.b.a. Sweet Peas Café

Dear Ms. Stern:

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 April 4, 2013. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, June 4, 2013, 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 "Robin Brigode".

Robin Brigode
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

AFFIDAVIT OF POSTING

Date of Posting: 01 MAY 13 Date of Posting Removal: 21 MAY 2013

Sweet Peas Café
Stern

Jennifer

Applicant Name: _____
 Last First Middle

Business Address: **15785 W. Universal Ranch Road** **Arivaca, AZ** **85601**
 Street City Zip

License #: **13-06-9148**
12104230

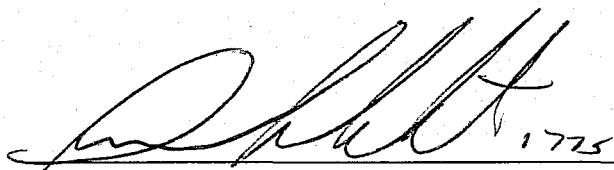
I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

F. HECHT #1775; PROCESS SVR

Print Name of City/County Official

Title

Telephone #

 1775

Signature

5/20/13

Date Signed

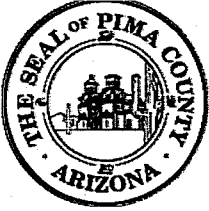
Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

MAY 22 13M 1055P CLK OF DO

~~Rima County Zoning Inspector~~



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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Maria Buenamea, Office Manager *MB*

DATE: April 5, 2013

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Jennifer Stern
d.b.a. Sweet Peas Café
15785 W. Universal Ranch Road
Arivaca, AZ 85601

Pima County Liquor License No. 13-06-9148
Series 12, Restaurant
New License X
Person Transfer_
Location Transfer

SHERIFF'S REPORT

DATE: April 18, 2013

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

NOTHING NOTED. NFI*****

Sgt. J. Roat 1175 *JR*
Investigative Support Unit Supervisor

APR 22 13 PM 01:44 PC CLK OF BD

13 MAR 11 11:47 AM Dept PM1210

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

13 JAN 22 11:47 AM Dept PM 3 06

13-06-9148

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

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

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
☐ OTHER (Explain)

SECTION 3 Type of license and fees LICENSE #(s): 12104230

1. Type of License(s): Restaurant

2. Total fees attached:

Department Use Only
\$ 194.00

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

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. Stern Last Jennifer First Jean Middle
(Insert one name ONLY to appear on license)
2. Corp./Partnership/L.L.C.: Sweet Peas Cafe & Catering, Inc. B 1049930
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Sweet Peas Cafe B 1012191
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 15785 W. Universal Ranch Rd - Avicava, Pima 85601
(Do not use PO Box Number) City County Zip
5. Business Phone: 520-398-9200 Daytime Phone: 520-429-7732 Email: SweetPeasCatering@gmail.com
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: PO Box 683 - Avicava - Arizona - 85601
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: 100.00 Application 50.00 Interim Permit 44.00 Site Inspection 12104230 Finger Prints \$ TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? YES NO

Accepted by: Date: 4-2-13 Lic. # 194.00

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. § 13-203.01. *13 JAN 22 Lic. Dept PM 3:06
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ day of _____, _____
Day Month Year

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

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

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

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 1 Corporation/Limited Liability Co.
EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- ☒ CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**
☐ L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**

1. Name of Corporation/L.L.C.: Sweet Peas Cafe & Catering, Inc. (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 1/10/2012 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No.: 17310443 Date authorized to do business in AZ: 01/19/2012
4. AZ L.L.C. File No.: _____ Date authorized to do business in AZ: _____
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
Stern	Jennifer	Jean	Director	PO Box 683, Arivaca, AZ			85601
Stern	William	Diogenes	Director	PO Box 683, Arivaca, AZ			85601

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
Stern	Jennifer	Jean	51%	PO Box 683, Arivaca, AZ			85601
Stern	William	Diogenes	49%	PO Box 683, Arivaca, AZ			85601

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Lir. Dept #12410
Address _____ *13 JAN 22 Lir. Dept #1306
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

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) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

2 Lir. Lic. #1112

1. Distance to nearest school: _____ ft. Name of school _____
Address _____ City, State, Zip _____
2. Distance to nearest church: _____ ft. Name of church _____
Address _____ City, State, Zip _____
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name John Knox - Los Pajaros
Address 4355 Cobb Pkwy - Suite 1604 - Atlanta - GA 30339
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ 400 What is the remaining length of the lease 1 yrs. 9 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other NO penalty
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

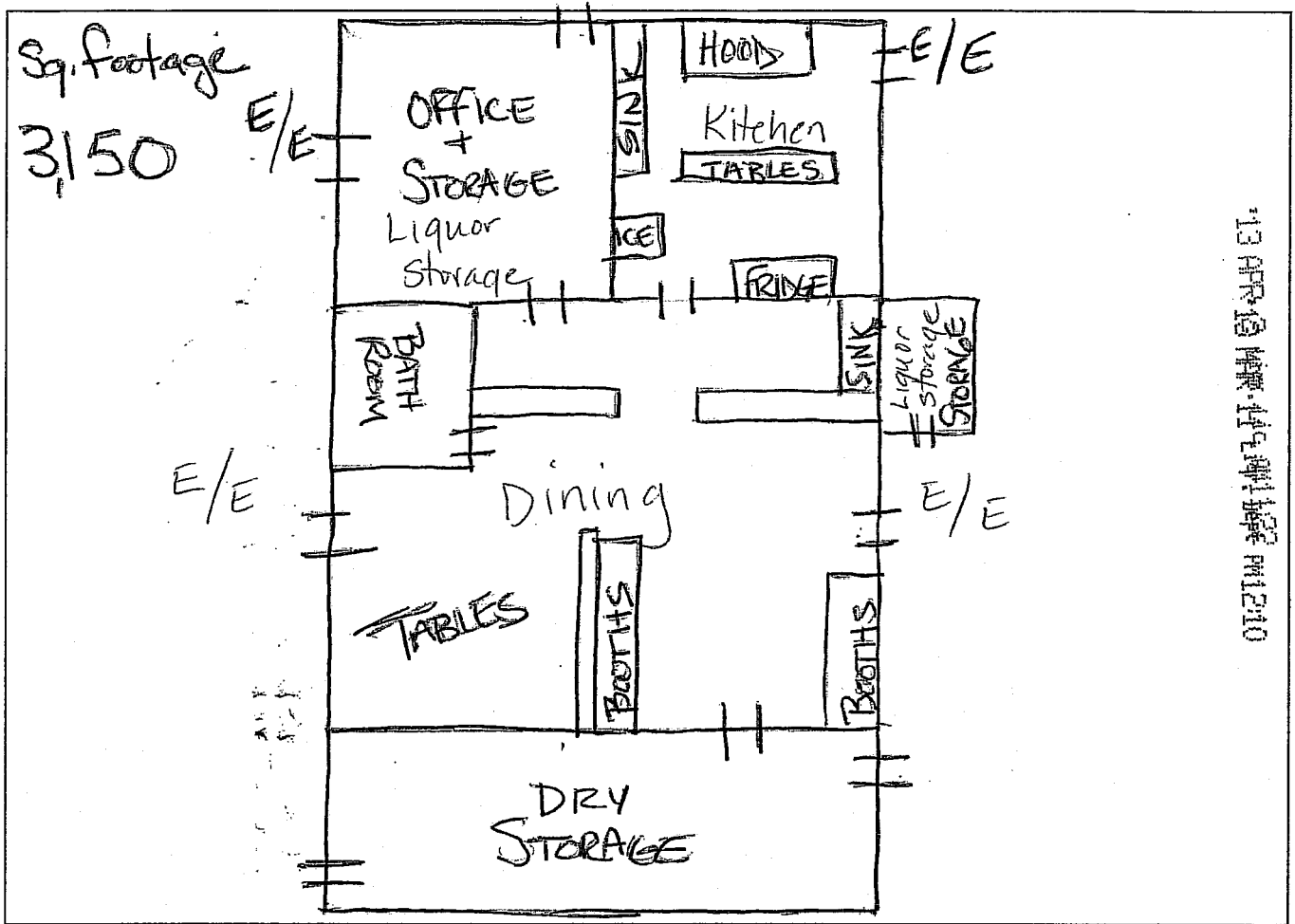
(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Restaurant

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. 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 premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, Jennifer Stern, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(signature of applicant listed in Section 4, Question 1)

State of ARIZONA County of Pima

The foregoing instrument was acknowledged before me this 7TH of JANUARY 2013
Day Month Year
[Signature]

My commission expires on: August 18, 2014
Day Month Year

