

Deputy Clerk

Pima County Clerk of the Board

Robin Brigode

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

December 23, 2013

Ms. Clare Hollie Abel Dollar General Store No. 14104 100 Mission Ridge Goodlettsville, TN 37072

RE:

Pima County Liquor License No.: 13-20-9163

d.b.a. Dollar General Store No. 14104

Dear Ms. Abel:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 10, Beer and Wine Store, which was received in our office on November 18, 2013. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, January 7, 2014, 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,

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

Ws

		AFFIDAVIT OF POST			
Date of Posting:	11/25/13	Date of	f Posting Removal:	12/16/1	<u>්ජ</u>
	Dollar General	Store No. 14104	l .	/ /	
Applicant Name:	Abel	Clare		Hollie	
Applicant Name	Last	First		Middle	
Business Address:	15440 W. Ajo Hig	phway	Tucson, AZ	85735	
	Street 2 0-9163		City	Zip	r I
I hereby certify to proposed to be	that pursuant to A.R.S. § licensed by the above a	pplicant and said notic	e was posted for a		ays.
Print Name of City	//County Official	Title		Telephone #	
	Signature			2 16 13 Date Signed	
Return this affidavit documents.	with your recommend	lation (i.e., Minutes of M	Meeting, Verbatim,	etc.) or any other rela	ated

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



Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy Deputy Clerk

TO:

FROM:

DATE:

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

Development Services, Zoning Division

Administrative Support Specialist

Katrina Martinez

November 15, 2013

Document and Microgra hics Mgt. Division 1640 East Bense Highway Tucson, Arizon Phone: (520) 351-8454 ax: (520) 351-8456

RE:	Zoning Report - Application for Liquor License	
Attached is	the application of:	
	r General Store No. 14104 Ajo Highway	
	nsfer_	
ZONING R	EPORT DATE: 11 26 13	
Will current	zoning regulations permit the issuance of the license at this loca	tion?
Yes	No	
If No, pleas	e provide the following:	
Pursuant to	Pima County Zoning Code, Section:	
the applica	nt must:	
	Pima County Zonling Inspector	



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

TO:

Pima County Sheriff's Department

Investigative Support Unit

FROM:

Katrina Martinez

Administrative Support Specialist

DATE:

November 15, 2013

RE:

Sheriff's Report - Application for Liquor License

Attached is the application of:

Clare Hollie Abel d.b.a. Dollar General Store No. 14104 15440 W. Ajo Highway Tucson, AZ 85735

Pima County Liquor License No. <u>13-20-9163</u>
Series <u>10, Beer and Wine Store</u>
New License <u>X</u>
Person Transfer_
Location Transfer

•	2	L	IF	=	R	1	F	F	'S	R	F	P	\cap	R	٦	

DATE: 12/06/13

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

There is no Reason For Disapproval

Investigative Support Unit Supervisor

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007 www.azliquor.gov 602-542-5141

APPLICATION FOR LIQUOR LICENSE. TYPE OF PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Office	rs or Managers actively invo	ved in the day to day operations of
the business must attend a Department approved liquor law training course or pr	ovide proof of attendance wit	nin the last five years. See page 5 of
the Liquor Licensing requirements		
SECTION 1 This application is for a:	SECTION 2 Ty	pe of ownership:
MORE THAN ONE LICENSE	2 55 a # # #	
☐ INTERIM PERMIT Complete Section 5		omplete Section 6 complete Section 6
NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16	5.1 Oct. 1, 200 A	Complete Section 6
PERSON TRANSFER (Bars & Liquor Stores ONLY) Complete Sections 2, 3, 4, 11, 13, 15, 16		N Complete Section 7
LOCATION TRANSFER (Bars and Liquor Stores ONLY)		ITY CO. Complete Section 7
Complete Sections 2, 3, 4, 12, 13, 15, 16	☐ CLUB Comple	-
PROBATE/WILL ASSIGNMENT/DIVORCE DECREE		Complete Section 10
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)	☐ TRUST Comp	
GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16	☐ OTHER (Explai	n)
SECTION 3 Type of license and fees LICENSE #(s):	3113	
1. Type of License(s): Series 10 (Beer/wine) (Off-sale)		Department Use Only
2. Total fees at	tached: \$ (()()	
APPLICATION FEE AND INTERIM PERMIT FEES	(IF APPLICABLE) A	RE NOT REFUNDABLE.
The fees allowed under A.R.S. 44-6852 wil	l be charged for all dish	onored checks.
THE ICES AND THE I		the property of the second sec
SECTION A Applicant		
SECTION 4 Applicant		P1000937
1. Owner/Agent's Name: 🖾 Ms.	CLARE	HOLLIE
(Insert one name ONLY to appear on license) Last	First	Middle
(Insert one name ONLY to appear on license) 2. Corp /Partnership/L.J. C.: DG RETAIL , LLC		B1049296
(Insert one name ONLY to appear on license) Last Corp./Partnership/L.L.C.: DG RETAIL, LLC (Exactly as it appears on Articles of Inc. or A		B1049 2916
(Insert one name ONLY to appear on license) Last 2. Corp./Partnership/L.L.C.: DG RETAIL , LLC (Exactly as it appears on Articles of Inc. or A		B1049 29 le
(Insert one name ONLY to appear on license) Last 2. Corp./Partnership/L.L.C.: DG RETAIL, LLC (Exactly as it appears on Articles of Inc. or A 3. Business Name: DOLLAR GENERAL STORE # 14104	rticles of Org.)	B10492916
(Insert one name ONLY to appear on license) 2. Corp./Partnership/L.L.C.: DG RETAIL, LLC (Exactly as it appears on Articles of Inc. or A 3. Business Name: DOLLAR GENERAL STORE # 14104 (Exactly as it appears on the exterior of pren	rticles of Org.)	B1049 29 le
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(Insert one name ONLY to appear on license) 2. Corp./Partnership/L.L.C.: DG RETAIL, LLC (Exactly as it appears on Articles of Inc. or A 3. Business Name: DOLLAR GENERAL STORE # 14104 (Exactly as it appears on the exterior of pren 4. Principal Street Location 15440 West Ajo Hwy. Tuc (Do not use PO Box Number) 5. Business Phone: 520-883-4090 Daytime Phone: 602-2 6. Is the business located within the incorporated limits of the above 7. Mailing Address: 100 Mission Ridge, Goodlettsville, Tolity 8. Price paid for license only bar, beer and wine, or liquor store: Ty DEPARTMENT US Application Interim Permit Site Inspection	rticles of Org.) rises) Son PII City 34-9920 Em city or town? □YES IN 37072 State Zip pe N/A \$ SE ONLY Finger Prints Benefits complete? □	BIOWA 29 LE MA 85735 County Zip Bil: CHABEL@BCATTORNEYS.COM NO Type\$ TOTAL OF ALL FEES

1/7/2013

SECTION 5 Interim Po	ermit: $_{ m N/A}$.	'13 NOV 14 Lig	GE MEDED			
1. If you intend to operat 4-203.01.	e business when y			n Interim Permit	pursuant to A.R.S.	
2. There MUST be a valid	l license of the sam	ne type you are applyin	g for currently issue	ed to the location		
3. Enter the license numb						
4. Is the license currently	in use? ☐ YES ☐	NO If no, how l	ong has it been out	of use?		
ATTACH THE LICENSE						
(Print full name)	, declare th	at I am the CURRENT	OWNER, AGENT	, CLUB MEMBE	ER, PARTNER,	
MEMBER, STOCKHOLI						
			State of	Count	ty of	
X(Signature)		-	The foregoing instru	ument was ackn	owledged before me	this
My commission expires or			day of	Month	Year	
•			Duy	Monar		
			(Signa	ture of NOTARY PU	BLIC)	
						-
SECTION 6 Individua	Lor Partnershin C)wners: N/A.				
EACH PERSON LISTED MUST SUE	_	,	, AN "APPLICANT" TYPE	FINGERPRINT CARD,	, AND \$22 PROCESSING FEE	Ē
FOR EACH CARD.						
1. Individual:						
Last F	irst Mic	ddle % Owned	Mailing Address		City State Zip	7
Partnership Name: (Only t	the first partner liste	ed will appear on licens	se)			_
General-Limited Last	First Midd	dle % Owned	Mailing Address		City State Zip	7
				. ,		

Is any person, other th If Yes, give name, curr	an the above, goin	g to share in the profits elephone number of the	/losses of the busir	ness? 🗆 YES	S E C E N S □ NO f necessary.	FI T
Last		ddle Mailing Addre		City, State, Zip	· Telephone#	_
				•		
K						

SECTION 7 Corporation/Limited Liabs EACH PERSON LISTED MUST SUBMIT A COMPLETED QUI FEE FOR EACH CARD.	IESTIONNAIRE (FOR			ARD, AND \$22 PROCESSING		
☐ CORPORATION Complete ☑ L.L.C. Complete 1, 2, 4, 5, 6, 7	e questions 1,	2, 3, 5, 6, 7	7, and 8.			
1. Name of Corporation/L.L.C.: DG Retail, L						
(Exactly as it appears on Articles of Incorporation or Articles of Organization)						
2. Date Incorporated/Organized: 9/1/2005 State where Incorporated/Organized: Tennessee						
3. AZ Corporation Commission File No.: Date authorized to do business in AZ:						
4. AZ L.L.C. File No: R-1226423-6 Date authorized to do business in AZ: 9/1/2005						
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒NO	ס					
6. List all directors, officers and members in Last First M	n Corporation/L	L.C.: Title	Mailing Address	City State Zip		
See attached list of directors and officers.				·		
DG Promotions, Inc		Member	100 Mission Ridge, Goodletts	ville, TN 37072		
7 List to the blown of a controlling popular	•		EET IF NECESSARY)			
7. List stockholders who are controlling per Last First Mic	ddle	% Owned	Mailing Address	City State Zip		
DG Promotions, Inc./Member	ļ	100 10	00 Mission Ridge, Goodlettsville,	TN 37072		
See attached stock affidavit.						
No individual owns 10% or more						
of the stock in DG Promotions. Inc						
If the corporation/L.L.C. is owned by ar disclosure for the parent entity. Attach	nother entity, at	tach a pero	EET IF NECESSARY) centage of ownership chart, and eded in order to disclose perso	d a director/officer/member		
SECTION 8 Club Applicants: N/A EACH PERSON LISTED MUST SUBMIT A COMPLETED QUI	ESTIONNAIRE (FOR	M LIC0101), AN	N "APPLICANT" TYPE FINGERPRINT CAF	RD, AND \$22 PROCESSING FEE		
FOR EACH CARD. 1. Name of Club:			Date Chartered			
(Exactly as it appears on Clu	b Charter or Bylaw	rs)		a copy of Club Charter or Bylaws)		
2. Is club non-profit? ☐ YES ☐ NO						
3. List officer and directors:	5:.JJ	Title	Mailing Address	City State 7in		
Last First N	/liddle	Title	Mailing Address	City State Zip		
	411-1-1					
	····					
				· · · · · · · · · · · · · · · · · · ·		
	·					

*13 NOV 14 Lig. Lic. pm 3:13

DG RETAIL, LLC

OFFICERS

Deckard, Steven Ray

Pres./Sr. VP Operations

311 Windhaven

Mt. Juliet, TN 37122

309-70-9663

Feray, John Wayne

Sr. VP - Finance

127 Natchez Drive

Hendersonville, TN 37075

463-23-9542

Gatta Jr., Lawrence

Sr. VP.

844 Windstone Blvd.

Brentwood, TN 37027

269-70-4225

Stephenson, Robert Ragan

Legal counsel, Asst Sec'y

508 Almadale Court

Brentwood, TN 37027

106-40-8575

· DG RETAIL, LLC

Single Member LLC

100% Held By

DG PROMOTIONS, Inc.

Officers/Directors of DG Promotions

Steven Ray Deckard

Pres. - Operations

John Wayne Feray

Sr. V.P. - Finance

Lawrence J. Gatta, Jr. Sr. V.P. - Merchandising

Robert Ragan Stephenson Legal Counsel-Asst. Secretary

No individual owns 10% or more of the stock.

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ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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



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

APPLICANT/CONTROLLING PERSON AFFIDAVIT

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

Organization: DG Retail, LLC	n: DG Retail, LLC					
Affidavit of: Steven R. Deckard						
Position/Title: Chief Executive Offic	cer					
State of: Tennessee	AZ Corp./L.L.C.#R-1226423-6					
County of: Davidson	State Incorporated:Tennessee					
The undersigned, Steven R. Deckard , being first duly sworn, upon Oath deposes and says:						
 In connection with this organization's application to obtain a liquor license for our operation(s) in Arizona, I have completed and delivered to the Arizona Department of Liquor Licenses and Control the required questionnaire and fingerprint card. 						
2. The required questionnaires and fingerprint cards of all officers, directors, regional managers, managing members, partners, etc., who direct or are involved in the direction of 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 delivered to the Arizona Department of Liquor Licenses and Control.						
Name and title of such individuals are as follows (or list attached):						
(1) Steven R. Deckard	Chief Executive Officer					
(2) John Wayne Feray	Senior Vice President & Chief Financial Officer					
(3) Larry Gata	Şenior Vice President & General Merchandise Manager					
(A) Robert Ragan Stephenson	Secretary					

*Disabled individuals requiring special accommodations, please call the Department.

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3. There are, in addition to those submitting questionnaires and fingerprint cards, 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 directs or is 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): (2) (3) (4) 4. None of the individuals listed under item #3 possesses the power to vote ten percent (10%) of the outstanding voting securities of this organization, nor can any of them control the election of one or more of the Board of Directors or managing members of the organization. 5. Finally, on information and belief, none of the individuals listed under item #3 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. Steven R. Deckard declare that I am the APPLICANT filing this notification. I have read this (Print full name) document and the contents and all statements are true, correct and complete. ____County of_ The foregoing instrument was acknowledged before me this

(Signature of NOTARY PUBLIC)

My commission expires on: ____

AFFIDAVIT

DG Promotions, Inc., a C Corporation incorporated in the State of Tennessee is a wholly owned subsidiary of Dollar General Corporation. The stock of Dollar General Corporation is publicly traded on the New York Stock Exchange with 1,000,000,000 shares authorized and approximately 332,326,972 shares issued as of May 31, 2012.

		Adjus Roma
		Steven Ray Deckard, Chief Executive
Officer		
	• •	DG Promotions, Inc.
STATE OF <u>IEMMESSEE</u>)	THIN REMATA MCGARITE
) ss.	TENNESSEE NOTARY
County of Randson)	PUBLIC On COUNTIE On COUNTIE On Spires of 25
Sworn to and subscribed before me the Skurn Deckurd, who is person	is <u>23</u> day of <u>May</u> nally known to me as th	, 2013, by
Promotions, Inc.		

SECTION 9 Probate, Wi 1. Current Licensee's Name:	ll Assignment or	Divorce Decree o	f an existing Bar ig, Lic, 附3门	or Liquor Sto	re License:	N/A.
 Current Licensee's Name: (Exactly as it appears on license) 		Last	First	Mic	ddle	
2. Assignee's Name:	Last	Fi	irst	Mic	idle	
3. License Type:	License N	lumber:	Da			
4. ATTACH TO THIS APPLICAT DECREE THAT SPECIFICAL	ION A CERTIFIED CO	OPY OF THE WILL, P IE LIQUOR LICENSE	ROBATE DISTRIBU TO THE ASSIGNEE	TION INSTRUME TO THIS APPLIC	NT, OR DIVORCE ATION.	
SECTION 10 Governmen	it: (for cities, town	s, or counties only	y) N/A.			
Governmental Entity:	****					
2. Person/designee:	Last	First	Middle	Con	tact Phone Number	r
A SEPARATE LICENSE	MUST BE OBTAIN	ED FOR EACH PRE	MISES FROM WH	ICH SPIRITUOU	S LIQUOR IS SE	RVED.
SECTION 11 Person to F	Person Transfer:					
Questions to be completed	ľ	N/A. ENSEE (Bars and L	iquor Stores ONI	LY-Series 06,07	, and 09).	
Current Licensee's Name: (Exactly as it appears on license)	Last	First	Mic	idle	(Indiv., Agen	t, etc.)
2. Corporation/L.L.C. Name:	(Exactly as it appea	ars on license)				
3. Current Business Name:						
	(Exactly as it appea					
4. Physical Street Location of						
	•					<u> </u>
5. License Type:	Lic	ense Number:		_		
6. If more than one license to	be transfered: Lice	ense Type:	Lic	ense Number:		4
7. Current Mailing Address:	Street_		· · · · · · · · · · · · · · · · · · ·			
(Other than business)	City, State, Zip_					
8. Have all creditors, lien hole	ders, interest holde	rs, etc. been notifie	d of this transfer?	☐ YES ☐ NO)	
9. Does the applicant intend 5 of this application, attac	to operate the busi ch fee, and current	ness while this appl license to this appl	lication is pending lication.	? ☐ YES ☐ NC) If yes, complet	te Section
10. I,		, hereby au	ithorize the depart	ment to process	this application	to transfer the
(print full name) privilege of the license to conditions, I certify that th	lioant navy av	una ar will own that	nronarty righte of t	he license by the	a date of issue	
I,(print full name)		, declare tha	t I am the CURRE	NT OWNER, AC	SENT, MEMBER	, PARTNER
(print full name) STOCKHOLDER, or LICE true, correct, and comple	ENSEE of the stated	d license. I have re	ad the above Sec	tion 11 and confi	rm that all staten	nents are
•					County of	
(Signature of C	CURRENT LICENSEE)		The foregoin	ig instrument wa	s acknowledged	before me thi
Manager to the control of			Da	y .—	Vionth	Year
My commission expires on:_				Signature of NOTAR	V DI IBL IC\	
		4	3)	agriature of NOTAK	i i oblicj	

SECTION 12 Location to Locatio			r Stores ONLY) APPROVED BY THE STATE	3 NOV 14 Lig. Lic	. m3:13		
1. Current Business:	Name		A STATE OF THE STA				
(Exactly as it appears on license)	Address						
New Business: (Physical Street Location)	Name						
Address							
3. License Type:	License Number:						
4. If more than one license to be	transferred: Licens	se Type:	License	Number:			
5. What date do you plan to move	e?		What date do you pla	an to open?			
SECTION 13 Questions for restaurant lice	all in-state appl enses (series 5,	icants <u>excluding</u> 11, and 12):	g those applying for go	vernment, hotel/mo	otel, and		
.R.S. § 4-207 (A) and (B) state that no re ne director, within three hundred (300) ho indergarten programs or grades one (1) t he above paragraph DOES NOT apply to	rizontal feet of a chur hrough (12) or within	ch, within three hund	red (300) horizontal feet of a p	oublic or private school bu	uilding with		
a) Restaurant license (§ 4-205.02) b) Hotel/motel license (§ 4-205.01)			Government license (§ 4-205. Fenced playing area of a golf				
Distance to nearest school:	5,954 ft.	Name of school	Altar Valley Middle Schoo	I			
			jo Highway, Tucson, AZ 85				
			City, State	e, Zip			
2. Distance to nearest church:							
	Ad	ddress <u>15501 W A</u>	jo Highway, Tucson, AZ 85				
3 Lam the: 🛛 Lessee	☐ Sublessee ☐	Owner P	City, State	, Zip			
o. rum mo.			urchaser (of premises)				
4. If the premises is leased give le	essors: Name <u>SW</u>	Three Points DG	LLC				
	Address 10	229 North Scottsd	ale Rd., Scottsdale, AZ 852 City, State,	7in			
4a. Monthly rental/lease rate \$8	,575.25 _\	/hat is the remai					
4b. What is the penalty if the lea			or other		·		
5. What is the total <u>business</u> indeb	otedness for this lic			ach additional sheet if n	ecessary)		
Please list lenders you owe mo	ney to. Middle	Amount Owed	Mailing Address	City State	Zip		
Last First	Madie	AT IOUTE OWELL	IValli gradicas	Oily Olde			
N/A							
		1					
	•		EET IF NECESSARY)	dian unt-!!			
6. What type of business will this	license be used f	or (be specific)?	Disconiir General merchar	iuise reidher.	·		

SECTION 13 - continued

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7. 1	Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? ☐ YES 図 NO If yes, attach explanation.
8.	Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. 1	Is the premises currently licensed with a liquor license? ☐ YES ☑ NO If yes, give license number and licensee's name:
Lic	cense #(exactly as it appears on license) Name
<u>s</u>	ECTION 14 Restaurant or hotel/motel license applicants: N/A.
1.	Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO If yes, give the name of licensee, Agent or a company name:
	and license #: Last First Middle
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.
	All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4.	As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this \square hotel/motel \square restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.
	applicant's signature
	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. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.
	applicants initials
	ECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form) Check ALL boxes that apply to your business:
••	☑ Entrances/Exits ☑ Liquor storage areas Patio: ☐ Contiguous
	☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2.	Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO If yes, what is your estimated opening date?
	month/day/year
3.	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. Diagram paper is provided on page 7.
4.	The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5.	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.
	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 boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.
	CHA
	applicants initials

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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 1.

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.

8,262 square feet.	
Public space: 7,195 sq. ft.	·
Non-public space: 1,067 sq. ft.	
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	· ·
SECTION 16 Signature Block	
Clare Hollie Abel . hereb	y declare that I am the OWNER/AGENT filing this
(print full name of applicant)	
application as stated in Section 4, Question 1. I have rue, correct and complete.	ave read this application and verify all statements to be
rue, correct and complete.	
(Carofallee (bal)	
(signature of applicant listed in Section 4, Question 1) Sta	te of ARIZONA County of MARICOPA
	The foregoing instrument was acknowledged before me this
	28pt of DGOBER .2013
BETH BRIGGS	Day Month Year

My commission expires on



signature of NOTARY PUBLIC

