

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

November 6, 2013

Ms. Andrea Dahlman Lewkowitz
Pilot Travel Center No. 593
2600 N. Central Avenue, Suite 1775
Phoenix, AZ 85004

RE: Pima County Liquor License No.: 13-20-9162
d.b.a. Pilot Travel Center No. 593

Dear Ms. Lewkowitz:

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 October 11, 2013. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, November 19, 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

698

11/4

AFFIDAVIT OF POSTING

Date of Posting: 10/14/13 Date of Posting Removal: 11/4/13

Pilot Travel Center No. 593

Applicant Name: Lewkowitz Andrea Dahlman
Last First Middle

Business Address: 5570 E. Travel Plaza Way Tucson, AZ 85756
Street City Zip

License #: 13-20-9162
10103707

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

M. Powell

Print Name of City/County Official

PROCESS SERVER

Title

351.6100

Telephone #

M. Powell 698

Signature

11/4/13

Date Signed

NOV 06 12 PM 11:04 POC/KOF BD
 50 CIV 11 10/17/13 PM 02:53

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



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TO: Development Services, Zoning Division

FROM: Katrina Martinez 
Administrative Support Specialist

DATE: October 11, 2013

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Andrea Dahlman Lewkowitz
d.b.a. Pilot Travel Center No. 593
5570 E. Travel Plaza Way
Tucson, AZ 85756

Pima County Liquor License No. 13-20-9162
 Series 10, Beer and Wine Store
 New License X
 Person Transfer
 Location Transfer

ZONING REPORT

DATE: 10/28/13

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

Yes ☒ No ☐

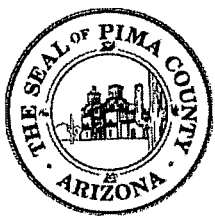
If No, please provide the following:

Pursuant to Pima County Zoning Code, Section: _____

the applicant must: _____

Pima County Zoning Inspector

[illegible]



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Phone: (520) 351-8454 • Fax: (520) 351-8456

TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Katrina Martinez 
Administrative Support Specialist

DATE: October 11, 2013

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Andrea Dahlman Lewkowitz
d.b.a. Pilot Travel Center No. 593
5570 E. Travel Plaza Way
Tucson, AZ 85756


Pima County Liquor License No. 13-20-9162
Series 10, Beer and Wine Store
New License X
Person Transfer_
Location Transfer

SHERIFF'S REPORT

DATE: 10/30/13

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

NONE


Investigative Support Unit Supervisor

0013113M0122PCOLK0010

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

13-20-9162

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):

1. Type of License(s): Series #10

2. Total fees attached: \$

Department Use Only

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. Lewkowitz Andrea Dahlman
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Pilot Travel Centers, LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Pilot Travel Center #593
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 5570 E. Travel Plaza Way Tucson Pima 85756
(Do not use PO Box Number) City County Zip
5. Business Phone: (520) 663-3348 Daytime Phone: (602) 200-7222 Email: andrea@lewkowitzlaw.com
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☒ NO (Pima County)
7. Mailing Address: 2600 N. Central Avenue, Suite 1775, Phoenix, AZ 85004
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: 100.00 198.00 298.00
Application Interim Permit Site Inspection Finger Prints \$ TOTAL OF ALL FEES

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

Accepted by: [Signature] Date: 10/8/2013 Lic. #: 10103707

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. 4-203.01.
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.

X _____
(Signature)

My commission expires on: _____

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

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 7 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.: Pilot Travel Centers, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 04/26/2001 State where Incorporated/Organized: Delaware
3. AZ Corporation Commission File No.: N/A Date authorized to do business in AZ: N/A
4. AZ L.L.C. File No: R-0987210-9 Date authorized to do business in AZ: 04/26/2001
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
See attached							

(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
See attached							

(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.

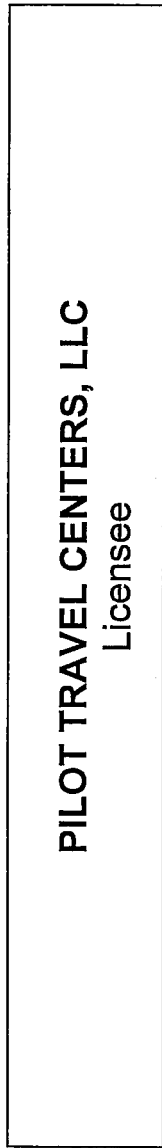
1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

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)



James Haslam III, President
William Muligan, VP
Kristen Seabrook, Secretary

Pilot Corporation
Member (44.64%)

James Haslam II,
Pres
James Haslam III,
VP

James A.
Haslam III
Shareholder
(33.1114%)

William A.
Haslam
Shareholder
(31.0739%)

No one owns
10% or more

Gero Witterman,
Dir/Pres
Gijbert Vuursteen,
Dir/VP

PROPELLER CORP.
Member (40.40%)

No one else
owns
10% or more

FJ Management, Inc
Member (12.66%)

Crystal Maggelet, Director
Thad Call, Director

Crystal Accumulations,
LLC
Shareholder (30%)

No one
owns 10%
or more

CVC Capital Partners
General Partner
Gijbert Vuursteen,
Managing Director
Gero Witterman,
Investment Director

No one
owns 10%
or more

CVC European Equity Partners V (C) LP
Shareholder
(22.23%)

No one
owns 10%
or more

CVC European Equity Partners V (B) LP
Shareholder
(22.13%)

No one
owns 10%
or more

CVC European Equity Partners V (A) LP
Shareholder
(23.21%)

No one
owns 10%
or more

O Jay Call Trust
FBO Thad J Call
(Thad J Call, Trustee)
Shareholder (30%)

Thad J Call
100%
Beneficiary

Crystal Maggelet
100%
(member)

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

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. 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 TO THIS APPLICATION.

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

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

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

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street _____
(Other than business) City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
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, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

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

My commission expires on: _____

Day Month Year

(Signature of NOTARY PUBLIC)

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) Address _____
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))

1. Distance to nearest school: 2,640 ft. Name of school Craycroft Elementary School
Address 5455 E. Littletown Road, Tucson, AZ 85756
City, State, Zip _____
2. Distance to nearest church: 6,864 ft. Name of church Jehovah's Witnesses Church
Address 4616 E. Rex Street, Tucson, AZ 85706
City, State, Zip _____
3. I am the: ☐ Lessee ☐ Sublessee ☒ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name _____
Address _____
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ _____ What is the remaining length of the lease ___ yrs. ___ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
(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)? Convenience Store / Truck Stop / Fuel Station

SECTION 13 - continued

7. 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 ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:
License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

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.
3. 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 ☐ hotel/motel ☐ 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

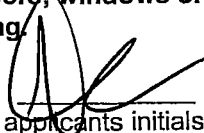
As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception 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. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. 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.



applicants initials

13 OCT 8 11:14 PM AZ

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.

Diagram attached

SECTION 16 Signature Block

I, Andrea Dahlman Lewkowitz, 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.

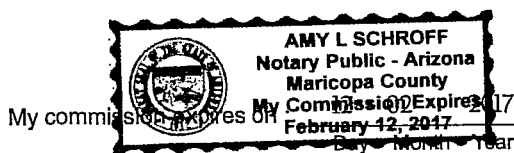
X [Signature]
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

7 of October, 2013
Day Month Year

[Signature]
signature of NOTARY PUBLIC

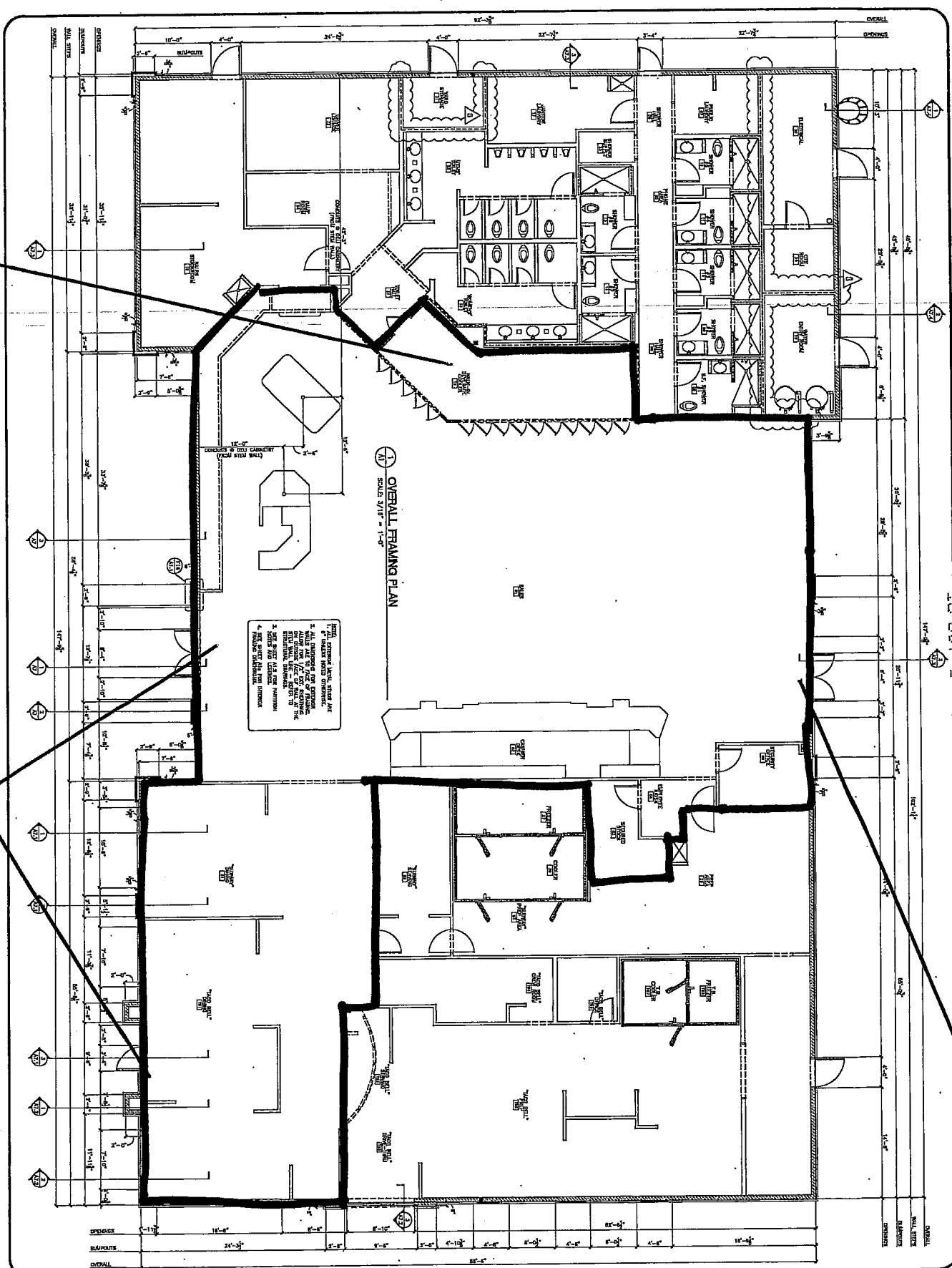


Pilot Travel Center #593 5,074 sq. ft.

□ = licensed area entrance exit

liquor storage

entrance exit



A1	DATE: 07/20/12	DRAWN BY: VAB/CAL	PROJECT: 503	REV	DATE	DESCRIPTION	BY	DATE
	1	2	3	4	5	6	7	8
	1	2	3	4	5	6	7	8
	1	2	3	4	5	6	7	8

OVERALL FRAMING PLAN

PILOT TRAVEL CENTER

1-10 AND CRAYCROFT ROAD
TUCSON, AZ

PILOT TRAVEL CENTERS LLC
DESIGN DEPARTMENT
5500 LONAR ROAD
NORVILLE, TENNESSEE 37050
(931) 586-7428