



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 12, 2017

Jason Barclay Morris
CVS/Pharmacy No. 9211
2525 E. Arizona Biltmore Circle, A-212
Phoenix, AZ 85016

RE: Arizona Liquor License No.: 09100193
d.b.a. CVS/Pharmacy No. 9211

Dear Mr. Morris:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 9, Liquor Store, which was received in our office on December 20, 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 black ink that reads "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 11 17 10:08 POC CLK/CF RD RR

AFFIDAVIT OF POSTING

Date of Posting: 12-21-16

Date of Posting Removal: 1-10-17

CVS/Pharmacy No. 9211

Applicant's Name: Morris Jason Barclay
Last First Middle

Business Address: 6488 N. Oracle Road Tucson 85704
Street City Zip

License #: 09100193

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.

Arman do Tenozos Process Server 520-306-8603
Print Name of City/County Official Title Phone Number

[Signature] #7694 1-10-17
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

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Phone: (520) 351-8454 • Fax: (520) 791-6666

TO: Development Services, Zoning Division
FROM: Ricci Romero *RR*
Administrative Support Specialist
DATE: December 20, 2016
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Jason Barclay Morris
d.b.a. CVS/Pharmacy No. 9211
6488 N. Oracle Road
Tucson, AZ 85704

Arizona Liquor License No. 09100193
Series 9, Liquor Store
New License
Person Transfer
Location Transfer

ZONING REPORT

DATE: 12/22/16

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

Yes No

If No, please explain:

Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

DEC 22 16 03:37 POC CLK OF BO *RR*



Pima County Clerk of the Board

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Tucson, Arizona 85714
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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Ricci Romero *RR*
Administrative Support Specialist

DATE: December 20, 2016

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Jason Barclay Morris
d.b.a. CVS/Pharmacy No. 9211
6488 N. Oracle Road
Tucson, AZ 85704

Arizona Liquor License No. 09100193
Series 9, Liquor Store
New License
Person Transfer X
Location Transfer X

SHERIFF'S REPORT

DATE: 12/30/16

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

NOTHING NOTED.

D. H. [Signature] #1224
Investigative Support Unit Supervisor

When complete, please return to cob_mail@pima.gov

REC-3016M0300PC CLKDFB

MM



16-31-9274

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. § 44-8852)

16 DEC 16 10:56 AM

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 9 - liquor store LICENSE # 09100193

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Morris Jason Barclay
2. Owner Name: Arizona CVS Stores, LLC
3. Business Name: CVS/pharmacy #9211
4. Business Location Address: 6488 North Oracle Road Tucson AZ 85704 Pima
5. Mailing Address: 2525 East Arizona Biltmore Circle, A-212 Phoenix AZ 85016
6. Business Phone: 520.297.8397 Daytime Contact Phone: 602.230.0600
7. Email Address: jason@witheymorris.com

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

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

Fees: Application 200 Interim Permit - Site Inspection - Finger Prints 22 Total of All Fees 222.00
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes
Accepted by: AP Date: 12-16-16 License # 09100193

16 DEC 16 10:56 AM

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
 L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C: Arizona CVS Stores, LLC
 2. Date Incorporated/Organized: 04.21.2005 State where Incorporated/Organized: Arizona
 3. AZ Corporation or AZ LLC File No: L-11966420 Date authorized to do Business in AZ: 04.21.2005
 4. Is Corp/L.L.C. Non Profit? Yes No
 5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
CVS RS	Arizona	LLC	member	One CVS Drive, Woonsocket, RI			02895

(Attach additional sheet if necessary)

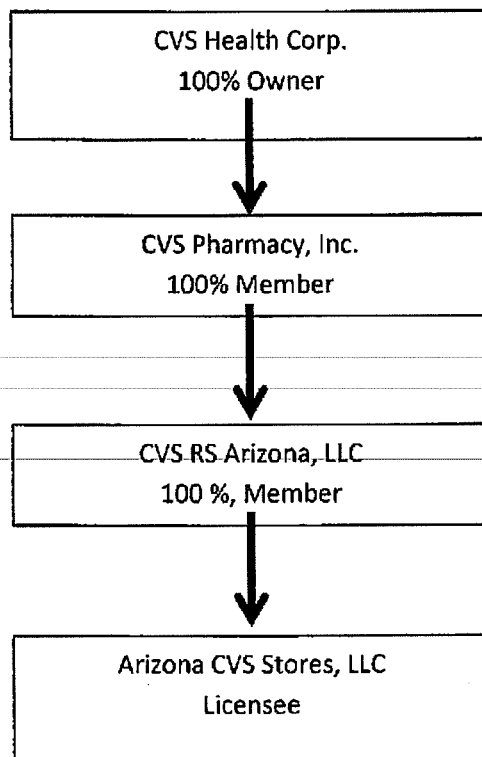
6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
CVS RS	Arizona	LLC	100	One CVS Drive, Woonsocket, RI			02895

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C 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.

No one person or entity owns 10% or more of CVS Health Corp.



ENTITY NAME:

Arizona CVS Stores, LLC

Personnel Name	Management Title	Business Address	Phone
Thomas S. Moffatt	President	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Carol A. DeNale	Senior Vice President/Treasurer	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Melanie K. Luker	Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Jeffrey E. Clark	Assistant Treasurer	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Sheelagh M. Beaulieu	Assistant Treasurer	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Linda M. Cimbron	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Kimberley M. DeSousa	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500

ENTITY NAME: CVS RS Arizona, LLC
 0% Ownership for all Officers

Personnel Name	Home Address	Business Address	Phone
Thomas S. Moffatt	29 Homestead Circle, Kingston, RI 02881	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Carol A. DeNale	75 Poplar St., Watertown, MA 02472	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Melanie K. Luker	45 Susan Drive, Cranston, RI 02920	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Jeffrey E. Clark	2 Joy Lane, Hingham, MA 02043	One CVS Drive, Woonsocket, RI 02895	401-765-1500

ENTITY NAME: CVS Pharmacy Inc.

Name	Management Title	Home Address	Work Address	Work Telephone
Mark S. Cosby	President	78 Doubling Rd. Greenwich, CT 06830	One CVS Drive Woonsocket, RI 02895	401.765.1500
Carol A. DeNale	Sr. Vice President/Treasurer	75 Poplar St Watertown, MA 02742	One CVS Drive Woonsocket, RI 02895	401.765.1500
Thomas S. Moffatt	Vice President/Secretary	29 Homestead Circle Kingston, RI 02881	One CVS Drive Woonsocket, RI 02895	401.765.1500
Linda M. Cimbron	Assistant Secretary	45 Bridge Street Warren, RI 02885	One CVS Drive Woonsocket, RI 02895	401.765.1500
Melanie K. Luker	Assistant Secretary	45 Susan Drive Cranston, RI 02920	One CVS Drive Woonsocket, RI 02895	401.765.1500
Jeffrey E. Clark	Assistant Treasurer	2 Joy Lane Hingham, MA 02043	One CVS Drive Woonsocket, RI 02895	401.765.1500
Jason D. Desrochers	Assistant Treasurer	359 Sanford Road Alfred, ME 04002	One CVS Drive Woonsocket, RI 02895	401.765.1500

ENTITY NAME: CVS Health Corp.

Personnel Name	Management Title
Dorman, David W.	Chairman
Brown, C. David II	Director
DeParle, Nancy-Ann	Director
Finucane, Anne M.	Director
Merlo, Larry J.	Director
Millon, Jean-Pierre	Director
Swift, Richard J.	Director
Weldon, William C.	Director
White, Tony L.	Director
Merlo, Larry J.	President and CEO
Denton, David M.	EVP & Chief Financial Officer
Brennan, Troyen A. MD	EVP & Chief Medical Officer
Joyner, J. David	EVP Sales and Account Services, Caremark Pharmacy Services
Foulkes, Helena B.	EVP/President, CVS/pharmacy Retail
Moriarty, Thomas M.	EVP and General Counsel
Roberts, Jonathan C.	EVP/President, Caremark Pharmacy Services
Lofberg, Per G.H.	EVP
Boratto, Eva	SVP, Controller and Chief Accounting Officer
Gold, Stephen L.	SVP Chief Information Officer
DeNale, Carol A.	SVP and Treasurer
McIntosh, Colleen	SVP and Corporate Secretary
Bisaccia, Lisa G.	SVP & Chief Human Resources Officer
Buckley, John M.	SVP & Chief Compliance Officer
Christal, Nancy R.	SVP -Investor Relations
Sussman, Andrew J. M.D.	SVP and Associate Chief Medical Officer
Moffatt, Thomas S.	Vice President and Assistant Corporate Secretary

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: Nations Randy D. Entity: Agent
Last First Middle (Individual, Agent, Etc.)

2. Ownership Name: IFCO Supermarket, Inc.
(Exactly as it appears on license)

3. Business Name: Lee Lee Oriental Supermart
(Exactly as it appears on license)

4. Business Location Address: 1990 W Orange Grove, Tucson AZ 85704
Street City State Zip

5. License Type: Series 9 - liquor store License Number: 09100193

6. Current Mailing Address: 6511 Telegraph Road, Commerce CA 90040
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) Linda Marie Cimbron 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) Linda Marie Cimbron, 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

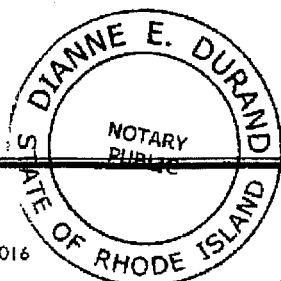
x Linda Marie Cimbron
(Signature of CURRENT Individual Owner/Agent)

State of Rhode Island County of Providence
The foregoing instrument was acknowledged before me this

Dianne E. Durand
Notary Public
State of Rhode Island
My commission expires on: 12/12/2017
Date

14 of December, 2016
Day Month Year

Dianne E. Durand
Signature of NOTARY PUBLIC



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: 3,425+ feet Name of School: Kino School/Learning Center
(If less than one (1) mile note footage) Address: 6625 N 1st Ave, Tucson, AZ 85718

2. Distance to nearest Church: 2,073+ feet Name of Church: Casa Adobes Congregational Church
(If less than one (1) mile note footage) Address: 6801 N Oracle Rd, Tucson, AZ 85704

SECTION 14 Business Financials

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

2. If the premise is leased give lessors: Name: Plaza del Oro, LLC-CMP42145
 Address: 3002 N. Campbell Ave, Ste 200, Tucson, AZ 85719
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 25,358.67

4. What is the remaining length of the lease? Yrs. 23 Months 2

5. What is the penalty if the lease is not fulfilled? \$ N/A or Other: N/A
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ N/A - Corporate Funds
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
This license will be used for a pharmacy/retail store

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)

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.

(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.

(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? April 1, 2017

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.**

(Applicant's Initials)

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 ↑.

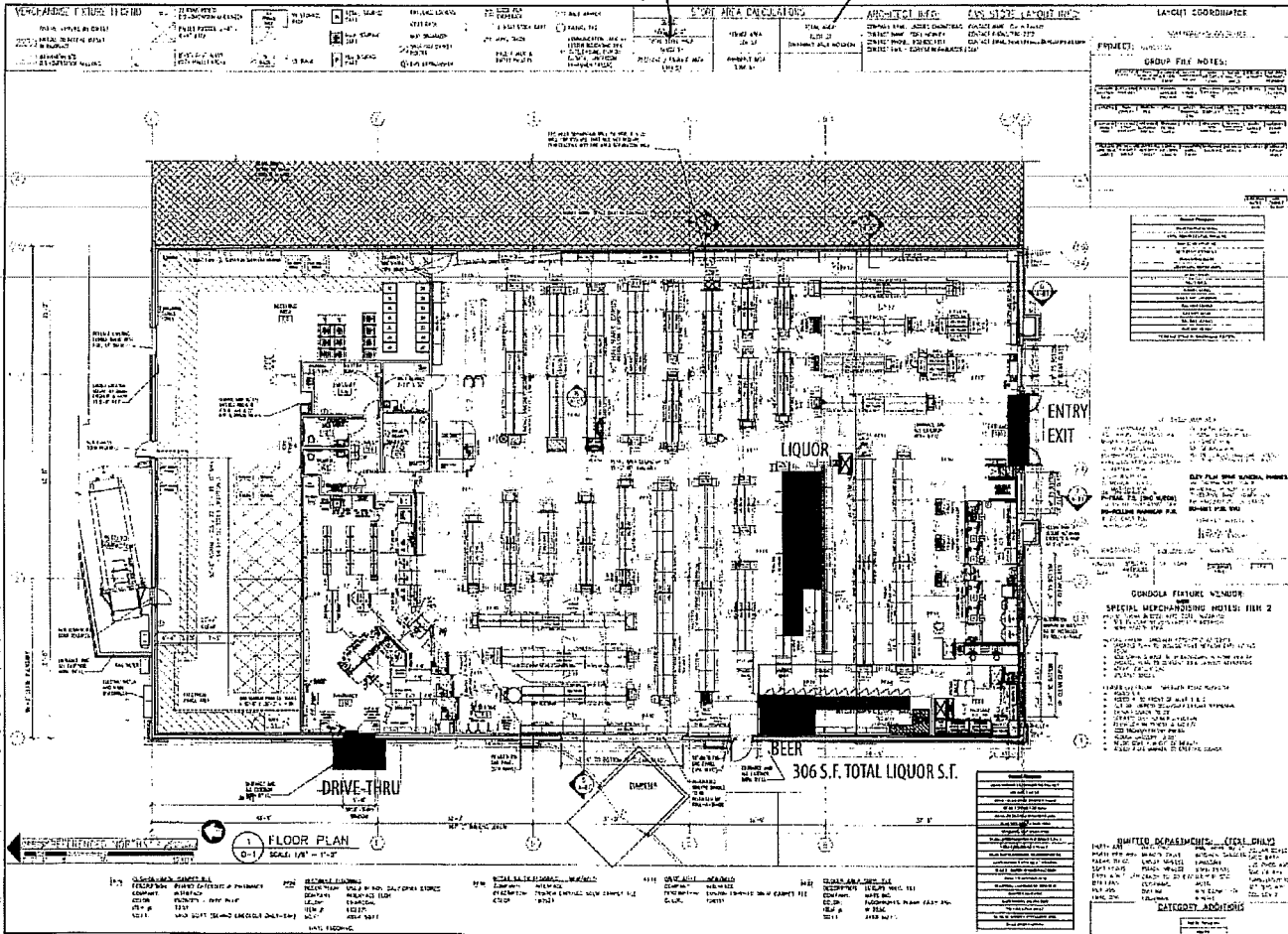
If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

DIAGRAM OF PREMISES

Diagram Attached.

store area
16,072 sq

retail area
12,111 sq



WESTERN 15300-RIGHT
SIDE DRIVE-THRU (AS-IS TO)
STORE NUMBER: 09271
FRANK AL. 000 00164 00161
(AND DRIVE-THRU) ROAD 2
(ORANGE COUNTY) TEXAS, 92500
PROJECT THE BUSINESS
SCHEDULE: 4/08
CB PROJECT NUMBER: 5227

ARCHITECT OF RECORD
JACOBS
JACOBS ENGINEERING GROUP INC.
101 N. FIRST AVE
SUITE 2500
DALLAS, TX 75202
TEL (972) 253-1200
FAX (972) 253-1202

CONSULTANT:

DEVELOPER
ARMSTRONG DEVELOPMENT
ARMSTRONG DEVELOPMENT
201 S. DUNCAN AVE. SUITE 100
DALLAS, TX 75201
TEL (972) 460-1111
FAX (972) 460-1111



REVISIONS:

DRAWN BY: LCI
DATE: 21 JUNE 2010
JOB NUMBER: 78AS7163

TITLE
MERCHANDISE PLAN
SHEET NUMBER
F-1

COMMENTS:
SHEET FOR FORMS & PANELS

SECTION 17 SIGNATURE BLOCK

NOTARY

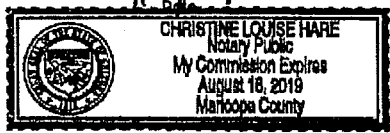
I, (Print Full Name) Jason Barclay Morris, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

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

State of AZ County of Maricopa
The foregoing instrument was acknowledged before me this

My commission expires on: 8/18/19

11 of November, 2016
Day 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.