



# Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> 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

6/20/2014

Mr. Jeffrey Howard Roff  
Whole Foods Market  
550 Bowie Street Attn: Legal Team  
Austin, TX 78703

RE: Arizona Liquor License No.: 07100209  
d.b.a. Whole Foods Market

Dear Mr. Roff:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 7, Beer and Wine Bar, which was received in our office on May 23, 2014. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, July 1, 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

AFFIDAVIT OF POSTING

Date of Posting: 05/28/2014 Date of Posting Removal: 06/18/2014

Applicant Name: **Whole Foods Market**  
Roff Jeffrey Howard  
Last First Middle

Business Address: 7133 N. Oracle Road Tucson, AZ 85704  
Street City Zip

License #: 14-12-9180  
07100209

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.

WILLIAM FISH PROCESS SERVER 307-1881  
Print Name of City/County Official Title Telephone #

Will Fish 06/18/2014  
Signature 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

BJ  
JUN 20 14 AM 11:27 PC CLK OF BD



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Tucson, Arizona 85714  
Phone: (520) 351-8454 • Fax: (520) 351-8456

TO: Development Services, Zoning Division  
FROM: Brian Turco  
Administrative Support Specialist  
DATE: May 23, 2014  
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Jeffrey Howard Roff  
d.b.a. Whole Foods Market  
7133 N. Oracle Road  
Tucson, AZ 85704

Pima County Liquor License No. 14-12-9180  
Series 7, Beer and Wine Bar  
New License     
Person Transfer X  
Location Transfer X

ZONING REPORT

DATE: 6/3/14

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

JUN 03 14 PM 01:07 PC CLK OF BD  
BT



# Pima County Clerk of the Board

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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: Brian Turco  
Administrative Support Specialist

DATE: May 23, 2014

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Jeffrey Howard Roff  
d.b.a. Whole Foods Market  
7133 N. Oracle Road  
Tucson, AZ 85704

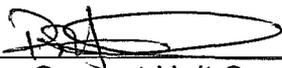
Pima County Liquor License No. 14-12-9180  
Series 7, Beer and Wine Bar  
New License     
Person Transfer X  
Location Transfer X

SHERIFF'S REPORT

DATE: 06/04/14

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

Nothing noted.

  
Investigative Support Unit Supervisor 1226

JUN 06 14 PM 04:42 PC CLK OF BD

14-12-9180

Arizona Department of Liquor Licenses and Control  
800 West Washington, 5th Floor  
Phoenix, Arizona 85007  
www.azliquor.gov  
602-542-5141

14 MAY 20 11:43 AM

**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):

07100209

1. Type of License(s): \_\_\_\_\_

2. Total fees attached:

Department Use Only  
\$ 200.00

**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. Roff Jeffrey Howard  
 Ms. \_\_\_\_\_  
(Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Whole Foods Market  
(Exactly as it appears on the exterior of premises)

4. Principal Street Location \_\_\_\_\_  
(Do not use PO Box Number) City County Zip

5. Business Phone: \_\_\_\_\_ Daytime Phone: 602-314-0022 Email: n/a

6. Is the business located within the incorporated limits of the above city or town?  YES  NO

7. Mailing Address: \_\_\_\_\_  
City State Zip

8. Price paid for license only bar, beer and wine, or liquor store: Type \$ \_\_\_\_\_ Type \$ \_\_\_\_\_

**DEPARTMENT USE ONLY**

Fees: \$ 200.00 Application \_\_\_\_\_ Interim Permit \_\_\_\_\_ Site Inspection \_\_\_\_\_ Finger Prints \$ 200.00  
TOTAL OF ALL FEES

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

Accepted by: DW Date: 5/21/14 Lic. # 07100209

MAY 23 11:43 AM 2014 DEPARTMENT OF LIQUOR LICENSING

AMENDMENT

Arizona Department of Liquor Licenses and Control  
 800 West Washington, 5th Floor  
 Phoenix, Arizona 85007  
 www.azliquor.gov  
 602-542-5141

14 MAY 5 11:41 AM 9 035

**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.

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- 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): Series 7

07100209

1. Type of License(s): Series 7

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. Roff Jeffrey Howard  
(Insert one name ONLY to appear on license) Last First Middle P1048960
2. Corp./Partnership/L.L.C.: Mrs. Gooch's Natural Food Markets, Inc. B1018942  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Whole Foods Market B1018863  
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 7133 N. Oracle Rd. Tucson Pima 85704  
(Do not use PO Box Number) City County Zip
5. Business Phone: ~~TBD~~ pending Daytime Contact: 512.542.0876
6. Is the business located within the incorporated limits of the above city or town?  YES  NO
7. Mailing Address: 550 Bowie Street Attn: Legal Team Austin, TX. 78703  
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type Series 7 \$ \_\_\_\_\_ Type \_\_\_\_\_ \$ \_\_\_\_\_

**DEPARTMENT USE ONLY**

Fees: Application \_\_\_\_\_ Interim Permit \_\_\_\_\_ Agent Change \_\_\_\_\_ Club \_\_\_\_\_ Finger Prints \$ \_\_\_\_\_  
**TOTAL OF ALL FEES**

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

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ Lic. # \_\_\_\_\_

**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.

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#

14 MAY 5 11:49 AM '95

**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.: Mrs. Gooch's Natural Food Markets, Inc.  
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 4/1997 State where Incorporated/Organized: California
3. AZ Corporation Commission File No.: F08063671 Date authorized to do business in AZ: 5/1997
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.:

14 MAY 20 11:41 AM '21

Last	First	Middle	Title	Mailing Address	City State Zip
Bradley	Patrick	Edward	President	15315 Magnolia Blvd. Ste. 320 Sherman Oaks, CA.	91403
Jordan	William	Earl	VP	15315 Magnolia Blvd. Ste. 320 Sherman Oaks, CA.	91403
Percival	Albert	Edward	Secr'ty	550 Bowie Street Austin, TX.	78703
Lang	Roberta	Lynn	Tres/Dir	550 Bowie Street Austin TX.	78703

(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
Whole Foods Markets, Inc.			100%	550 Bowie Street	Austin TX. 78703
Publicly Traded - No One owns 10% or more					
Lang	Roberta	Lynn	VP	0	550 Bowie Street Austin, TX. 78703

(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)

Robb, Jeffrey, Howard

**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.

14 MAY 20 LIQ. Lic. PM 2 21

10. I, \_\_\_\_\_, 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.

**AMENDMENT**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER 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 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.

14 APR 5 11:49 AM Dept 09 335

**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: AGUILERA THOMAS ROBERT Entity: AGENT  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
- 2. Corporation/L.L.C. Name: MULLIGAN'S SPORTS GRILL, INC.  
(Exactly as it appears on license)
- 3. Current Business Name: MULLIGAN'S SPORTS GRILL  
(Exactly as it appears on license)
- 4. Physical Street Location of Business: Street 9403 E. GOLF LINKS ROAD  
City, State, Zip TUCSON, AZ 85730
- 5. License Type: #7 BEER & WINE License Number: 07100209
- 6. If more than one license to be transferred: License Type: N/A License Number: N/A
- 7. Current Mailing Address: Street 4554 E. CAMP LOWELL DRIVE  
(Other than business) City, State, Zip TUCSON, AZ 85712
- 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, THOMAS ROBERT AGUILERA, 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.

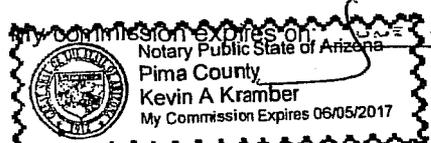
I, THOMAS ROBERT AGUILERA, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER (print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

\_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of Arizona County of Pima  
The foregoing instrument was acknowledged before me this

5<sup>TH</sup> June 2013  
Day Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)



STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL  
ALCOHOLIC BEVERAGE LICENSE

License 07100209

Issue Date: 1/26/2010

Expiration Date: 9/30/2014

Issued To:

THOMAS ROBERT AGUILERA, Agent  
MULLIGAN'S SPORTS GRILL INC, Owner

Beer & Wine Bar

Mailing Address:

THOMAS ROBERT AGUILERA  
MULLIGAN'S SPORTS GRILL INC  
MULLIGAN'S SPORTS GRILL  
9403 E GOLF LINKS RD  
TUCSON, AZ 85730

Location:

MULLIGAN'S SPORTS GRILL  
9403 E GOLF LINKS RD  
TUCSON, AZ 85730

INACTIV



EXP 9/30/2014

POST THIS LICENSE IN A CONSPICUOUS PLACE

Robb, Jeffrey, Howard

**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? NA 7/1/2014 What date do you plan to open? 7/1/2014

**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:

**AMENDMENT**

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

- 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 \_\_\_\_\_  
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? \$ \_\_\_\_\_  
Please list lenders you owe money to.

14 MAY 20 11:41 Lic. PM 2 21

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)? \_\_\_\_\_

**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 Mulligan's Sports Grill  
 (Exactly as it appears on license) Address 9403 E. Golf Links Rd., Tucson, AZ 85730
2. New Business: Name Mrs. Coech's Natural Food Markets, Inc. dba Whole Foods Market  
 (Physical Street Location) Address 7133 N. Oracle Rd., Tucson, AZ 85704
3. License Type: Series 7 License Number: 07100209
4. If more than one license to be transferred: License Type: NA License Number: NA
5. What date do you plan to move? NA What date do you plan to open? \_\_\_\_\_

14 APR 5 11:49 AM Dept RR 9 05

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

1. Distance to nearest school: 528 ft. Name of school Edge High School Northwest  
 Address 231 W. Giaconda Way, Tucson, AZ 85704  
 City, State, Zip \_\_\_\_\_

2. Distance to nearest church: 2112 ft. Name of church Casas Adobes Congregational United Church of Christ  
 Address 6801 N. Oracle Rd., Tucson, AZ 85704  
 City, State, Zip \_\_\_\_\_

3. I am the:  Lessee  Sublessee  Owner  Purchaser (of premises)

4. If the premises is leased give lessors: Name Casas Adobe Plaza, LLC  
 Address 7059 N. Oracle Rd., Tucson, AZ 85704  
 City, State, Zip \_\_\_\_\_

4a. Monthly rental/lease rate \$ 49,335 What is the remaining length of the lease 19 yrs. 6 mos.

4b. What is the penalty if the lease is not fulfilled? \$ terminate 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)? A full service grocery store please see attached description

**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](http://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? 8/14/14  
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.

SL  
applicants initials

14 MAY 5 Lic. Dept RM 9 35

**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.

See Attached.

14 MAY 5 11:41 AM Dept RM 9 035

**SECTION 16 Signature Block**

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

(print full name of applicant)

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

(signature of applicant listed in Section 4, Question 1)



State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

20th of March, 2014  
Day Month Year

[Signature]  
signature of NOTARY PUBLIC

My commission expires on : 31 01 2016  
Day Month Year

