

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

June 9, 2014

Mr. Kaiye Yu
Chopstix
3820 S. Palo Verde Road
Tucson, AZ 85714

RE: Arizona Liquor License No.: 12104296
d.b.a. Chopstix

Dear Mr. Yu:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 12, Restaurant, which was received in our office on May 5, 2014. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, June 17, 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

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: 5-8-14 Date of Posting Removal: 5-28-14

Chopstix

Applicant Name: Yu Last Kaiye First Middle

Business Address: 3820 S. Palo Verde Road Street Tucson, AZ City 85714 Zip

14-08-9176
License #: 12104296

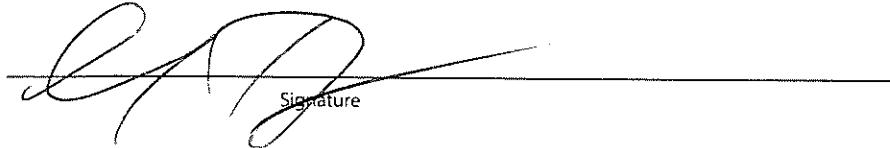
I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

Armando Terrazas Process Server 520-306-8603

Print Name of City/County Official

Title

Telephone #


Signature

5-28-14

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

NOV 29 2014 PMCS 58 PC CLK/HF



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

TO: Development Services, Zoning Division
FROM: Brian Turco *BT*
Administrative Support Specialist
DATE: May 7, 2014
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Kaiye Yu
d.b.a. Chopstix
3820 S. Palo Verde Road
Tucson, AZ 85714

Pima County Liquor License No. 14-08-9176

Series 12, Restaurant

New License X

Person Transfer _

Location Transfer _

ZONING REPORT

DATE: 5/29/14

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

Yes ✓ No _____

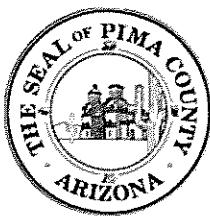
If No, please provide the following:

Pursuant to Pima County Zoning Code, Section: _____

the applicant must: _____

BB
Pima County Zoning Inspector

BT
MAY 30 2014 MNGD BY CLERK RD



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

TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Brian Turco *BT*
Administrative Support Specialist

DATE: May 7, 2014

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Kaiye Yu
d.b.a. Chopstix
3820 S. Palo Verde Road
Tucson, AZ 85714

Pima County Liquor License No. 14-08-9176
Series 12, Restaurant

New License X
Person Transfer
Location Transfer

SHERIFF'S REPORT

DATE: 06/04/14

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

N/A *BT*

BT 12-6

Investigative Support Unit Supervisor

BT
JUN 06 14 PM 0442 PC CLK UF ED

14-08-9176

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 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): 121042916

1. Type of License(s): SERIES 12, RESTAURANT

Department Use Only

2. Total fees attached:

\$ 172.00

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

Mr.

1. Owner/Agent's Name: Ms.

(Insert one name ONLY to appear on license)

YU

KAIYE

Last

First

Middle

2. Corp./Partnership/L.L.C.: CHOPSTIX YEE CHINESE RESTAURANT LLC

(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: CHOPSTIX

(Exactly as it appears on the exterior of premises)

4. Principal Street Location 3820 S PALO VERDE RD SUITE 101 TUCSON PIMA 85714

(Do not use PO Box Number) City County Zip

5. Business Phone: 520-889-7849 Daytime Phone: 623-330-7516 Email: 172

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

7. Mailing Address: 3820 S PALO VERDE RD TUCSON ARIZONA 85714

SUITE 101 City State Zip

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

DEPARTMENT USE ONLY

Fees: 100.00

Application

50.00

Interim Permit

22.00

Site Inspection

Finger Prints

\$ 172.00

TOTAL OF ALL FEES

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

Accepted by: FU

Date: 4.30.14

Lic. # 121042916

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)

State of _____ County of _____

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 T

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

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

SECTION 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.: CHOPSTIX YEE CHINESE RESTAURANT LLC

(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 06/21/2013 State where Incorporated/Organized: AZ

3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____

4. AZ L.L.C. File No: L-1855315-6 Date authorized to do business in AZ: 06/24/2013

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 |
|-------|-------|--------|--------|----------------------|-----------------|
| KAIYE | YU | | MEMBER | 3820 S PALO VERDE RD | TUCSON AZ 85714 |
| | | | | | |
| | | | | | |
| | | | | | |

(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 |
|-------|-------|--------|---------|----------------------|-----------------|
| KAIYE | YU | | 100 | 3820 S PALO VERDE RD | TUCSON AZ 85714 |
| | | | | | |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

SECTION 8 Club Applicants:

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

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

2. Is club non-profit? YES NO

3. List officer and directors:

| Last | First | Middle | Title | Mailing Address | City State Zip |
|------|-------|--------|-------|-----------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

1. Current Licensee's Name: _____ Last _____ First _____ Middle _____
(Exactly as it appears on license)
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 _____

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: (Exactly as it appears on license) | Name _____ |
| | Address _____ |
| 2. New Business: (Physical Street Location) | Name _____ |
| | 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)
- 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 PALO VERDE TRUST PARTNERS, L.L.C.
 Address 501 E THOMAS RD #200, PHOENIX AZ 85012
 City, State, Zip _____

4a. Monthly rental/lease rate \$3614.27 What is the remaining length of the lease 4 yrs. 10 mos.

4b. What is the penalty if the lease is not fulfilled? \$ _____ or other DEFAULT, MOVE-OUT
 (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.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

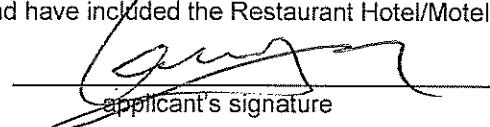
SECTION 13 - continued

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 #: _____
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 spirituous 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

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.

14 CFR 25 Ldr. Sept 2010

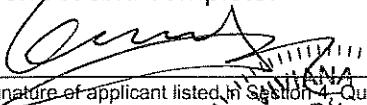
14 CFR 29 Ldr. Sept 2010

REFER TO DIAGRAM

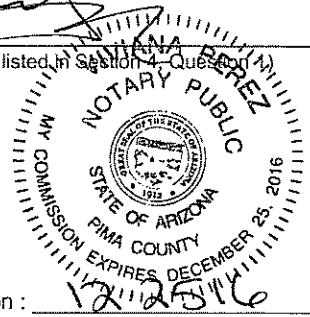
SECTION 16 Signature Block

I, KAIYE JU, hereby declare that I am the OWNER/AGENT filing this
(print full name of applicant)

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 of applicant listed in Section 4, Question 1)

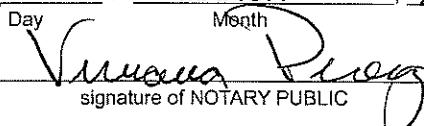
My commission expires on: 12/25/16
Day Month Year



State of ARIZONA County of PIMA

The foregoing instrument was acknowledged before me this

24 of MARCH, 2014
Day Month Year


signature of NOTARY PUBLIC

*14 APR 26 Lipp. Dept AM1050 *14 APR 29 Lipp. Dept AM1053

