

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

November 27, 2017

Steven Randolph Jackson
Elephant Head Vineyard
1705 W. Hawk Way
Amado, AZ 85645

RE: Arizona Liquor License No.: 13103016
d.b.a. Elephant Head Vineyard

Dear Mr. Jackson:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 13, Farm Winery, which was received in our office on October 23, 2017. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, December 12, 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

For your information, enclosed is a copy of the Zoning Inspector's Report. Any questions pertaining to the enclosed Report should be directed to Tom Drzazgowski at 740-6922. If you have any questions pertaining to the above referenced hearing, please contact this office at 724-8449.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Castañeda".

Julie Castañeda
Clerk of the Board

Enclosure

c: Tom Drzazgowski, Development Services Zoning Inspector



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: 10/26/17

Date of Posting Removal: 11/16/17

Applicant's Name: **Elephant Head Vineyard**
Jackson **Steven** **Randolph**
Last First Middle

Business Address: **1705 W. Hawk Way** **Amado** **85645**
Street City Zip

License #: **13103016**

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.

Frank R. Hector 1775 PROCESS SERV 310 4034
Print Name of City/County Official Title Phone Number

[Signature] 1775 11/16/17
Signature Date Signed

NEW 10/17/2015 5:53 PM CLK OF ED

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.



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Melissa Manriquez
Deputy Clerk

TO: Development Services, Zoning Division
FROM: Ricci Romero *RR*
Administrative Support Specialist Senior
DATE: 10/23/2017
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Steven Randolph Jackson
d.b.a. Elephant Head Vineyard
1705 W. Hawk Way
Amado, AZ 85645

Arizona Liquor License No. 13103016
Series 13, Farm Winery
New License
Person Transfer
Location Transfer

ZONING REPORT

DATE: 11.21.17

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

Yes No *May require a conditional use permit*

If No, please explain:

[Signature]

Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

NOV 27 17 17:08:57 PC CLK OF BO
ACS



17-36-9312

17 OCT 20 Lic. # 13103016 DLIC USE ONLY

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

License # 13103016
Date Accepted: 10-20-17
CSR: C.A.

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. § 44-6852)

SECTION 1 Type of License

- Interim Permit
New License
Person Transfer
Location Transfer (series 6, 7 and 9)
Probate/ Will Assignment/ Divorce Decree (No Fees)
Seasonal

SECTION 2 Type of Ownership

- J.T.W.R.O.S.
Individual
Partnership
Corporation
Limited Liability Co
Club
Government
Trust
Tribe
Other (Explain)

SECTION 3 Type of license

- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)

1. Type of License (restaurant, bar etc.):
2. LICENSE # (if issued): 13103016

SECTION 4 Applicants

1. Agent's Name: Jackson Steven Randolph
Last First Middle

2. Applicant/Licensee Name: Elephant Head Vineyard, LLC
(Ownership name for type of ownership checked on section 1)

3. Business Name (Doing Business As-DBA): Elephant Head Vineyard

4. Business Location Address:
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address:
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: Daytime Contact Phone:

7. Email Address:

AMENDMENT

8. Is the Business located within the incorporated limits of the above city or town? Yes No
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? Pima County

Fees: Application \$150, Interim Permit \$0, Site Inspection \$0, Finger Prints \$72, Total of All Fees \$122.00
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes No

DCT 23:17PM1222 PC CLK OF BD



17 OCT 20 11:49 AM

17 OCT 2 11:49 AM

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

DLIC USE ONLY

License # 13103016
Date Accepted: 10-20-17
CSR: C.A.

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
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SECTION 1 Type of License

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Other (Explain)

SECTION 3 Type of license

- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)

1.Type of License (restaurant, bar etc.): Series 13
2. LICENSE # (if issued): 13103016

SECTION 4 Applicants

- Agent's Name: Jackson Steven Randolph
Applicant/Licensee Name: Elephant Head Vineyard
Business Name (Doing Business As-DBA):
Business Location Address: 1705 W. Hawk Way Amado AZ 85645 Pima
Mailing Address: 1705 W. Hawk Way Amado AZ 85645
Business Phone: 520-444-8642 Daytime Contact Phone: 520-444-8642
Email Address: steveeuropa@msn.com
Is the Business located within the incorporated limits of the above city or town? Yes No

Fees: \$100 Application, \$0 Interim Permit, Department Use Only \$0 Site Inspection, \$22 Finger Prints, \$122.00 Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes No

SECTION 5 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. If the applicant is an entity, not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: _____ State where Incorporated/Organized: _____

b) AZ Corporation or AZ L.L.C. File No: _____ ~~Star~~ Date authorized to do business in AZ 9/28/17

2. List any individual or entity that own a beneficial interest of 10% or more and/or controls the license. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed to disclose any controlling person, member, shareholder or general partner who owns a beneficial interest of 10% or more of the license.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip

AMENDMENT

(Attach additional sheet if necessary)

SECTION 6 Interim Permit

If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01 For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S.§4-203.01 (A)

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? _____

I, (Signature) _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

Attach a copy of the license currently issued at this location to this application.

NOTARY

State of Arizona)
County of _____)

On this _____ Day of _____, 20____ before me personally appeared _____
Day Month Year (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

Signature of NOTARY PUBLIC

(Affix Seal Above)

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license ARS § 4-204

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

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

2. Assignee's Name: _____
Last First Middle

License Number: _____

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.

13103016
Elephant Head Vineyard
Jackson, Steven Randolph

SECTION 5 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. If the applicant is an entity, not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: 7/9/2012 State where Incorporated/Organized: Arizona
 b) AZ Corporation or AZ L.L.C. File No: L17740919 Date authorized to do business in AZ 7/9/12

2. List any individual or entity that own a beneficial interest of 10 % or more and/or controls the license. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed to disclose any controlling person, member, shareholder or general partner who owns a beneficial interest of 10 % or more of the license.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
Jackson	Steven	Randolph	Manager	100	1705 W. Hawk Way	Amado	AZ	85645

(Attach additional sheet if necessary)

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2. Is the license currently in use? Yes No If no, how long has it been out of use? _____

I, (Signature) _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

Attach a copy of the license currently issued at this location to this application.

NOTARY

State of Arizona)
 County of _____)

On this _____ Day of _____, 20____ before me personally appeared _____
Day Month Year (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

 Signature of NOTARY PUBLIC

(Affix Seal Above)

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license ARS § 4-204

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. Current Licensee's Name: _____

(Exactly as it appears on the license) Last First Middle

2. Assignee's Name: _____

Last First Middle

License Number: _____

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.

1. Distance to nearest School: _____ Name of School: _____
 (If less than one (1) mile note footage) Address: _____
2. Distance to nearest Church: _____ Name of Church: _____
 (If less than one (1) mile note footage) Address: _____

SECTION 11 Business Financials A.R.S.§4-202(F)

1. I am the:

- Tenant: a person who holds the lease of a property; a lessee.
 Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
 Owner
 Purchaser
 Management Company

2. If the premises is leased give lessors: Name: _____
 Address: _____
Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ _____ or Other: _____

4. Total money borrowed for the Business not including lease? \$ 12,000.00

Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
CNH Industrial Capital			894.98	PO Box 3600 Lancaster, PA			17604
Wells Fargo Bank			11490.35	PO Box 5131 Sioux Falls, SD			57117

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?
 Yes No If yes, attach explanation.
6. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?
 Yes No If yes, attach explanation.

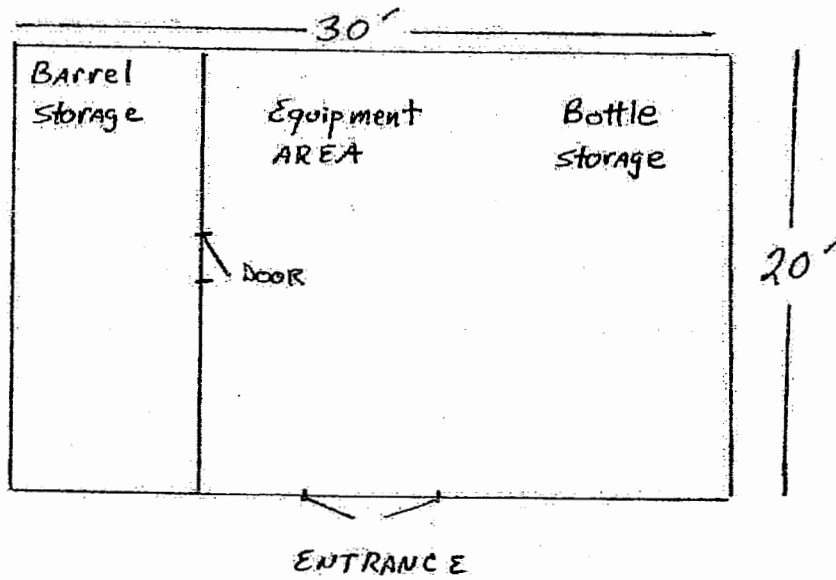
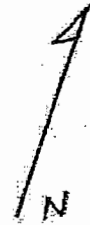
SECTION 12 Diagram of Premises

Check ALL boxes that apply to your business:

- Walk-up or drive-through windows
- Patio: Contiguous Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
 Yes No If yes, what is your estimated completion date? ____/____/____

Please attach a diagram of the premises which clearly show only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include all entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and the kitchen. **DO NOT INCLUDE** parking lots, living quarters or areas where business is not conducted under this liquor license. When completing your premises diagram, please identify which orientation is North.



WINERY

600 TOTAL Sq. Ft.

2. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

3. 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 service areas or the square footage of the licensed premises, either by increase or decrease.

[Handwritten Signature]
Applicant's Initials

RESTAURANTS AND HOTELS/MOTELS ONLY

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. The fee of \$50.00 will be due and payable upon submitting this application.)

4a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture, these are required as part of the diagram. A.R.S. §4-205.02(C)

4b. Provide a restaurant operation plan.

SECTION 13 SIGNATURE BLOCK

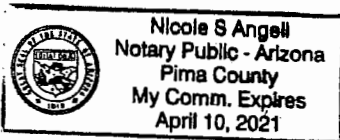
I, (Signature) *[Handwritten Signature]*, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

NOTARY

State of Arizona)
County of Pima)

On this 29th Day of September, 20 17 before me personally appeared Steven Randolph Jackson
(Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



[Handwritten Signature]
Signature of NOTARY PUBLIC

(Affix Seal Above)

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.