

Deputy Clerk

Pima County Clerk of the Board

Julie Castañeda

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

September 25, 2017

Nasser Nikkhahmanesh Persian Room 17040 N. Scottsdale Road Scottsdale, AZ 85255

RE: Arizona Liquor License No.: 12104531

d.b.a. Persian Room

Dear Mr. Nikkhahmanesh:

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 August 25, 2017. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, October 17, 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,

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

AFFIDAVIT OF POSTING

Date of Posting: $\frac{8}{29}/17$	Date of Posting Removal:	9/)	8/17	
/ Persian Room	Nanar	/		
Applicant's Name: Nikkhahmanesh	Nasser			
Business Address: 9290 N. Thornydale Road	First	Tucson	85742	ldle
Street		City	Zip	
License #: 12104531				
I hereby certify that pursuant to A.R.S. 4-201, I posted notic	•	e premises prop	osed to be	CLK (FB)

Print Name of City/County Official Signature

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.



Melissa Manriquez Deputy Clerk

Pima County Clerk of the Board

Julie Castañeda

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TO:	Development Services, Zoning Division
FROM:	Alina Bárcenas 🚜 Administrative Support Specialist Senior
DATE:	8/28/2017
RE:	Zoning Report - Application for Liquor License
Attached is t	he application of:
Nasser Nikk d.b.a. Persia 9290 N. Tho Tucson, AZ	n Room rnydale Road
Arizona Liqu Series <u>12, R</u> New License Person Tran Location Tra	e <u>X</u> sfer
ZONING RE	PORT DATE: $9/25/7$
Will current:	zoning regulations permit the issuance of the license at this location?
Yes 🗓	No □
If No, please	e explain:
	Pima County Zoning Inspector

When complete, please return to cob mail@pima.gov





17 AUG 23 Ligr. Lic. PM12/27
DLLC USE ONLY

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

Date Accepted: 317

CSR: (-A-

Application for Liquor License
Type or Print with Black Ink

(602) 542-5141

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)	开照
SECTION 1 Type of License □ J.T.W.R.O.S: □ Individual □ New License □ Person Transfer □ Location Transfer (series 6, 7 and 9) □ Probate/ Will Assignment/ Divorce Decree (No Fees) □ Seasonal □ Corporation □ Limited Liability Co □ Club □ Government □ Trust □ Trust □ Tribe □ Other (Explain)	PLIG 2517PMQ2403PC CLK OF
SECTION 3 Type of license Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)	
A.R.S.§4-206.01(G), (H), (I) & (L) Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies) A.R.S.§4-207(A) & (B)	•
1.Type of License (restaurant, bar etc.): #12 2. LICENSE # (if issued): \(\delta\limbdo{0.09551}\)	
SECTION 4 Applicants 1. Agent's Name: NIKKHAHMANESH NASSER Plus Last First Middle 2. Applicant/Licensee Name: RAINBOW TREE LLC (Ownership name for type of ownership checked on section 1)	- 12417 1355
3. Business Name (Doing Business As-DBA): PERSIAN ROOM N.K.	
4. Business Location Address: 9290 N. THORNY DAIE TUCSON AZ 85742 TEA (Do not use PO Box) 17040 N. Street TTSDAIE RD City State Zip Code County 5. Mailing Address: ASSSS MAKICOF	'A
(All correspondence will be mailed to this address) Street N.N. City State Zip Code	
6. Business Phone: NOT KNOWN PENDIN GDaytime Contact Phone: 480, 529.3744 7. Email Address: Persian ruum a gmail. Com 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?	
Fees: The Application Interim Permit Site Inspection Hinger Prints Total of All Fees	
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete?	H

EACH PERSON LISTED MUST SUBMIT A QUEST 1. If the applicant is an entity, not an individent					
1. If the applicant is an entity, not an inaly,				. PROCESSING F	EE PER CARD.
a) Date Incorporated/Organized:					a . (.
a) Date Incorporated/Organized:	<u> 12001 </u>	State v	here Incorporated/C	rganized: 🗡	KIZONA 1-10-
b) AZ Corporation or AZ L.L.C. File No	: <u>0975317</u> -	-6 Date	authorized to do busir		
 List any individual or entity that own a be owned by another entity, attach an orgo- needed to disclose any controlling person % or more of the license. 	anizational char	t showing t	ne ownership structur	e. Altach addi	tional sheets a
Last First Middle	Title	%Owned	Mailing Address	City S	itate Zip
NIKKHAHMANESH FAMILY TEUST	MR.	75%	25234 N.104Th	WM SOT	15DALE AZ 857
ADIN MINITOSEPH FAMILY	Mr.	25%	4801 E. ROVE	•	
JOSEPH AZIN TRUST				•	ADISE VALLE
	(Attach additio	nal sheet if ne	cessary)		
2. Is the license currently in use? Yes I, (Signature)		_	s it been out of use? declare that I am th		NER, AGENT, (
CONTROLLING PERSON on the stated lice					
Attach a copy of the			this location to this a	pplication.	
(2)	<u>N</u>				
		IOTARY			
State of Arizona)		<u>IOIAKI</u>			
County of)		<u>IOIAKI</u>			
County of)	before m		appeared	rint Name of Documen	al Signer)
County of)	asis of satisfact	e personally	e to be the person w	rint Name of Documen	nt Signer) aims to be and
County of	asis of satisfact	e personally	e to be the person w t.	no he or she clo	nt signer) nims to be and
County of)	before m		appeared	tint Name of Docume	nl Signer)
County of	pasis of satisfacto above/attache	e personally ory evidenc d documer	e to be the person w t. Signature of	NOTARY PUBLIC	aims to be and
County of	pasis of satisfacte above/attache Trustee, Assignn	e personally ory evidenc d documer	e to be the person w t. Signature of orce Decree of an exi	NOTARY PUBLIC	nims to be and
County of	pasis of satisfacte above/attache Trustee, Assignn	e personally ory evidenc d documer	e to be the person w t. Signature of orce Decree of an exi	NOTARY PUBLIC	nims to be and

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

Rambon Tre LLC

*17 AUG 23 Ligr. Lic. PM12:27

The NIKKHAHMANESH FAMILY TRUST MEMBER 75%

NASSER NIKKHAHMANESH TRUSTEE

JOSEPH AZIN FAMILY TRUST.

MEMBER 25 /s

JOSEPH AZIN TRUSTEE

SECTION 8 Government (for Cities, Towns or Counties only) Government Entity: _____ Person/Designee: _ First Middle **Daytime Contact Phone #** A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED. SECTION 9 Person to Person – Current Licensee Information ARS§4-203(C), (D), (G) (Bar and Liquor Stores only – Series 06, 07 and 09) 1. License #: 2. Current Agent Name: ____ Middle 3. Current Licensee Name: _____ (Exactly as it appears on the license) 4. Current Business Name: (Exactly as it appears on the license) 5. Current Daytime Phone: Primary Email Address: 6. Does current licensee intend to operate the business while this application is pending? Yes No 7. I authorize the transfer of this license to the applicant: Signature or Agent or Individual controlling person NOTARY State of Arizona ____ before me personally appeared ___ (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 10 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G applicants.

A.R.S.§4-207. (A) and (B) state that no <u>retailer's license</u> 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) Restaurants that do not sell growlers (A.R.S.§4-205.02) Series 12
- b) Hotel/motel license (A.R.S.§4-205.01) Series 11
- c) Microbrewery (A.R.S.§4-205.08) Series 3
- d) Craft Distillery (A.R.S.§ 4-205.10) Series 18

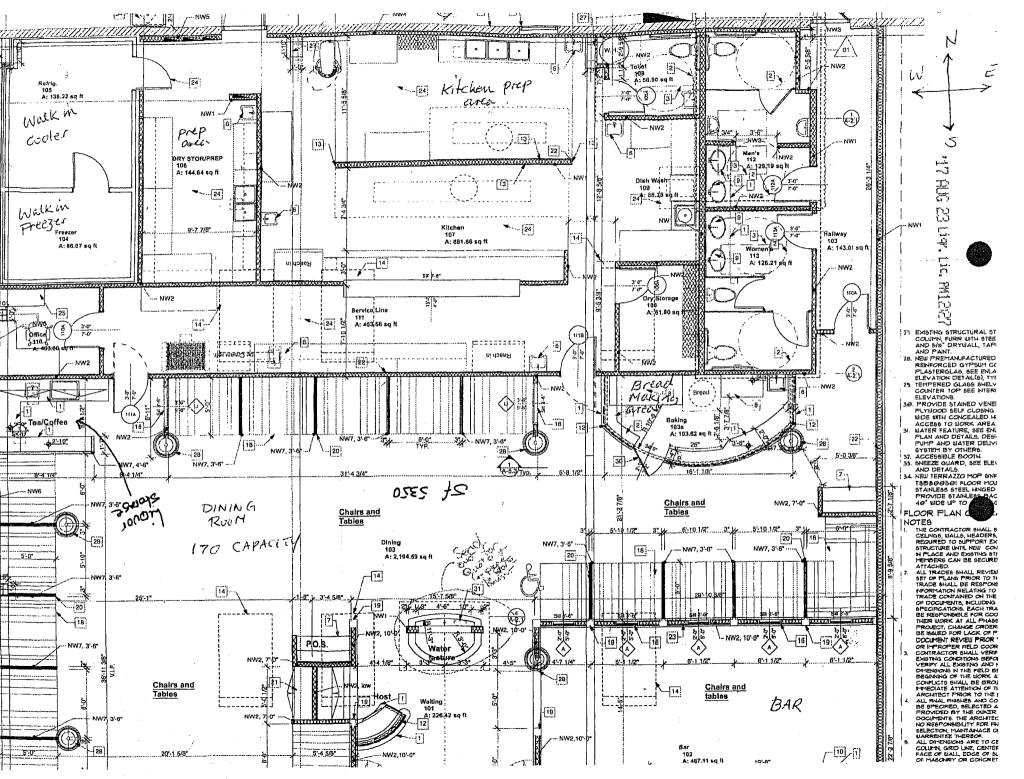
- e) Government license (A.R.S.§4-205.03) Series 5
- f) Playing area of a golf course (A.R.S.§4-207 (B)(5))
- g) Wholesaler/Distributor Series 4
- h) Farm Winery Series 13
- I) Producer Series 1

-Section 10 continued -

Distance to nearest School: 0.3 (If less than one (1) mile note footage)		Name of Schoo			HIGH SC
2. Distance to nearest Church:	41125	Address: 346 Name of Churc Address: 3500	h : MouNT	AN MEM	BAPTIST CH
SECTION 11 Business Financials A.R.S.§4-202	(F)				
☐ Tenant: a person who holds the lease of a p ☐ Sub-tenant: a person who holds a lease wh ☐ Owner ☐ Purchaser ☐ Management Company	iich was given to an				rty.
2. If the premises is leased give lessors:	Name: THO	RNYDALE	VILLAGI	<u>5.</u>	
	Address: <u>480</u>				85253
3. What is the penalty if the lease is not fulfill	ed? \$ None	or (Other:		
4. Total money borrowed for the Business no	t including lease? :	\$ <u></u>	None		
Please List Lenders/People you owe money	to for business.				
Last First Middle	Amount Owed	Mailing Addre	ess City	/ State	Zip
	(Attach additional shee				
5. Has a license or a transfer license for the p ☐ Yes ☑ No If yes	•		denied by the	state within tr	ne past years
6. Does any spirituous liquor manufacture, wh	s, attach explanatio		ract in vacur bus	rinoss2	
, man	es, attach explanation		est in Aooi pos	III 1622 A	
	з, апаст ехраната	л.			
SECTION 12 Diagram of Premises					
Check ALL boxes that apply to your busines	S: .				
☐ Walk-up or drive-through window	/s				
Patio: Contiguous		Non-Contiguo	us within 30 fee	et .	
1. Is your licensed premises now closed due	to construction, re	novation or red	esign or rebuil	qś	
Yes No If yes, what is your estimate	ted completion dat	e\$ <i>10 31</i>	12017	_	
Please attach a diagram of the premises who consumed dispensed possessed or stored					

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.

2/24/2017



-Section 12 continued on next page-

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. 5300 Sf

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.

N.N.
Applicants 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.

Notary Public - Arixona Maricopa County Maricopa County Mix Section 18 Expres APRIL 20, § 520

SECTION 13 SIGNATURE BLOCK	
l, (Signature)	, hereby declare that I am the Owner/Agent filing this
application, I have read this document and verify the content an best of my knowledge.	d all statements are true, correct and complete, to the

NOTAR	Y
State of Arizona County of Huncofu) On this 33rd Day of August, 20 17 Day before me person	onally appeared <u>VasSe V W Mah man e</u> 80
Whose identity was proven to me on the basis of satisfactory eviacknowledged that he or she signed the above/attached documents of the control of the contro	dence to be the person who he or she claims to be and ument. Listua listens 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.



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

RESTAURANT OPERATION PLAN

		<u> </u>			
Name of restaurant (Please prin	1): PERSIAN	ROOM		_	
ist by Make, Model, and Capac provide the following items:)	city of your: (<u>If you attached a le</u>	egible cop	y of your equ	ipment list, only	
Grill	2x6 fout Kebab B	roiler	America	an Range	
Oven	3 6 Burner Ovens	Im	penal+	2 Stock P	of Burr
Freezer	8 X12 Walkin Free	30,2	chest free	zers 8 cubic	feet.
Refrigerator Walking and ler	2 Pizza prep coolers rubresserators, 12d	, I Che	f table w	glass door te	ficsem
Sink	3 two Bar Sink, 4 To	is kitch	nen Snik,	1 Tub Ohishwo	suc 5m
Dish Washing Facilities	12'x6' dish washing				
Food Preparation Counter (Dimensions)	4 tables 6 x 30" 3 7	able 8	x30" 2 1	Tables 5'x3	0 177
Other	Bread oven with au	tomatie	. Tandoor,	Hister Grand Hobard	der, Mix
Attach a copy of your full menu examples: Breakfast, Lunch, Din	including prices ner, and Nonalcoholic beverag	ges).			
ist the seating capacity for:	•				
 Restaurant dining area o (Do not include patio sea 			[150	1	
b. Bar area of your premises	s:		(+ ZO		
c. Total dining and bar seat	ing capacity of your premises:		[= 170	1	
What Type of dinnerware and u Reusable	tensils are utilized within your res Disposable	taurant? Both			
	r area that is distinct and separe			ış 🛛 YES 🗌 N	0

ITV	AT THE BAR		
		Address Addres	
	ve entertainment or dancing? YE		
(<u>It yes, what typ</u> etc.)	e and how often (example: DJ-2 x a we	eek, Karaoke-2 x a month,	Live Band-1 x a month,
			
			and the state of t
Uso space bole	ou to list how many ampleyees for each	nosition to fully staff your	business
ose space belo	w to list how many employees for each		DOSINESS.
	Position Cooks 5	How many	_
		5	_{
•	Bartenders	1	· ·
	Hostesses 2	2	-
	Managers	<u> </u>	
	Servers 7-8	7-8	_
	Other (Dishwasher)	ı	
	Other (# Food miner)	f	
	Other (Bussers :)	4-6	
JASSEK N (Print full name)		declare that I am the AF	PLICANT filing this appli
	ication and the contents and all states	ments true, correct and o	complete.
-Num	don		
(Signature of A	APPLICANT)		OFFICIAL SEAL CYNTHIA M. ABRIGO
	NOTARY		Notary Public - Arighte
horas		My Comm	ission Ext. 20, 2020
of And	County of Mancepa ment was acknowledged before me t	$\frac{1}{12}$	1 202
		his 1314 day of 10	CARL DUT

Persian Room 9290 N. Thornydale Rd Suite 100 Tucson AZ 85742

List of the kitchen equipment:

- 1. Two 6 foot kebab broilers American Range (720,000 btu)
- 2. Three 6 Burners stove ovens (Imperial)
- 3. Two Stock pot Burners (Imperial)
- 4. One counter top 2 Burner (Imperial)
- 5. One French fryer
- 6. One Gyros machine
- 7. One 7 foot high hot holding unit
- 8. 20 foot hood for the cooking line
- 9. 12 foot hood for the prep cooking line
- 10. One 4 Tub sink
- 11. Two prep sinks (24")
- 12. 3 Tub bar sink
- 13. Bun warmer
- 14. One 120" prep cooler unit
- 15. One 60" prep cooler unit
- 16. 3 Glass Dr refrigerator
- 17. Two 8 foot high glass Dr refrigerator
- 18. One 2400 lbs Hoshizaki Ice maker
- 19. One 30" bread Tandoori oven
- 20. One full size dishwasher unit with hood on the top
- 21. 12' by 8' walk in freezer and 12' by 12' walk in cooler combo
- 22. 80 Qt Hobart mixer
- 23. Hobart mixer grinder 1532 model heavy duty
- 24. 7 commercial microwaves
- 25. Total of 11 stainless steel prep tables 7 foot by 30"
- 26. Bar cooler 84"
- 27. Chef table stand cooler 84"
- 28. 70 feet of shelving
- 29. Soda machine for soft drinks
- 30. Heavy duty coffee machine (Bunn)
- 40. Espresso machine
- 41. Food blender
- 42. 5 POS stations



Arizona Department of Liquor Licenses and Liqu. Lic. PM1227 Control

800 W Washington 5th Floor Phoenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141

RECORDS REQUIRED FOR AUDIT
Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DILC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

- 1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
- 2. A list of all food and liquor vendors
- 3. The restaurant menu used during the audit period
- 4. A price list for alcoholic beverages during the audit period
- 5. Mark-up figures on food and alcoholic products during the audit period
- 6. A recent, accurate inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
- 7. Monthly Inventory Figures beginning and ending figures for food and liquor
- 8. Chart of accounts (copy)
- 9. Financial Statements-Income Statements-Balance Sheets
- 10. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks
- 11. Tax Records
 - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
 - B. Income Tax Return city, state and federal (copies)
 - C. Any supporting books, records, schedules or documents used in preparation of tax returns
- 12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government
 - B. Employee Log (A.R.S. § 4-119)
 - C. Employee time cards (actual document used to sign in and out each work day)
 - D. Payroll records for all employees showing hours worked each week and hourly wages

- 13. Off-site Catering Records (must be complete and separate from restaurant records)
 - A. All documents which support the income derived from the sale of food off the license premises.
 - B. All documents which support purchases made for food to be sold off the licensed premises.
 - C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).

A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

1. "Restaurant" means an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

NAMES A LIKELIA HAMANESII	
	state ofCounty of
AL	the foregoing instrument was acknowledged before rige this 23-4 of Assus 4 2017 Day Month Year
My commission expires on: 1/20/20 OFFICIAL SEAL CYNTHIA M. ABRIGO Notary Public - Arizona	Cynflin U-Colory

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE