



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

May 22, 2018

Nicholas Carl Guttilla
Safeway No. 960
c/o Guttilla Murphy Anderson
5415 E. High Street No. 200
Phoenix, AZ 85054

RE: Arizona Liquor License No.: 09100150
d.b.a. Safeway No. 960

Dear Mr. Guttilla:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 9, Liquor Store, which was received in our office on April 12, 2018. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, June 12, 2018, at 9:00 a.m. or thereafter, at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 W. Congress, 1st Floor
Tucson, AZ 85701

Should you have any questions pertaining to this matter, please contact this office at (520)724-8449.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Castañeda".

Julie Castañeda
Clerk of the Board

Enclosure



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

MAY 09 10AM 215 PCD KCFAD
ARL

AFFIDAVIT OF POSTING

Date of Posting: 4-13-10 Date of Posting Removal: 5-7-10

Applicant's Name: **Safeway No. 960**
Guttilla Nicholas Carl
Last First Middle

Business Address: 7300 N. La Cholla Boulevard Tucson 85741
Street City Zip

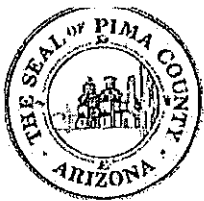
License #: 09100150

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.

JANE HANER # 748 SECRET 351-4862
Print Name of City/County Official Title Phone Number

[Signature] 4-13-10
Signature Date Signed

Return this affidavit with your recommendations (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents. If you have any questions please call (602) 542-5141 and ask for the Licensing Division.



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TO: Development Services, Zoning Division
FROM: Ricci Romero 
Administrative Support Specialist Senior
DATE: 4/12/2018
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Nicholas Carl Guttilla
d.b.a. Safeway No. 960
7300 N. La Cholla Boulevard
Tucson, AZ 85741

Arizona Liquor License No. 09100150
Series 9, Liquor Store
New License
Person Transfer
Location Transfer

ZONING REPORT

DATE: 5/18/18

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

Yes

No

If No, please explain:

Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

MAY 18 10:03:03 PM '18
Mw

18-04-9318



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

DLLC USE ONLY

| | |
|----------------|---------|
| License # | 18080 |
| Date Accepted: | 11-1-18 |
| CSR: | JB |

IP: 18081

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 (series 6, 7 and 9)
- 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) _____

APR 12 11AM 0807 PCD K (F) R

SECTION 3 Type of Privilege

- 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 (Series of license): series 9

2. LICENSE # 09100150 # 18080

SECTION 4 Applicants

1. Agent's Name: Guttilla Nicholas Carl
Last First Middle

2. Individual/Owner Name: Safeway, Inc.
(Ownership name for type of ownership checked in section 2)

3. Business Name (Doing Business As-DBA): Safeway #960

4. Business Location Address: 7300 N La Cholla Boulevard Tucson AZ 85741 Pima
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: c/o Guttilla Murphy Anderson 5415 E High St #200 Phoenix AZ 85054
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: (520) 575-0993 Daytime Contact Phone: (480) 304-8300

7. Email Address: psines@gamlaw.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? _____

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

| | | | | |
|-------|---------------|----------------|---------------------|-------------------|
| Fees: | <u>100.00</u> | <u>100.00</u> | Department Use Only | <u>200.00</u> |
| | Application | Interim Permit | Site Inspection | Finger Prints |
| | | | | Total of All Fees |

SECTION 5 Interim Permit

If you intend to operate business while the 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: 09100150
2. Is the license currently in use? Yes No If no, how long has it been out of use? _____

NOTARY

I (Print Full Name) Nicholas Carl Guttilla hereby declare that I am the Agent Current Owner, or Controlling Person on the stated license and location.

Signature: [Signature] State of Arizona County of Maricopa
 The foregoing instrument was acknowledged before me this 26 Day of March 2018
 Day Month Year

My Commission Expires on: _____

OFFICIAL SEAL
KAREN PLUM
 Notary Public - State of Arizona
 MARICOPA COUNTY
 My Comm. Expires July 13, 2020

[Signature]
Signature of Notary

SECTION 6 Background Check

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

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

- a) Date Incorporated/Organized: 7/23/86 State where Incorporated/Organized: Delaware
- b) AZ Corporation or AZ LLC. File No: F00372050 Date authorized to do business in AZ: 11/13/86

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed. Disclose all controlling persons and members, shareholders or general partners who own a beneficial interest of 10% or more of the applicant or licensee.

| Last | First | Middle | Title | %Owned | Mailing Address | City | State | Zip |
|-------------------------|-------|--------|-------|--------|-----------------|------|-------|-----|
| See attached flow chart | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

(Attach additional sheet if necessary)

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

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$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
3. License Number: _____

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

Safeway Inc.
(effective 12/3/17)

Albertsons Investor Holdings LLC

40.59% Member: Cerberus Iceberg LLC (Stephen Feinberg reported on CP Affidavit)
15.80% Member: Jubilee ABS Holding LLC (Jay Schottenstein reported on CP Affidavit)
(no other member owns 10% or greater of Licensee)

Officers

Robert Miller – Executive Chairman
Robert Gordon – Secretary

Albertsons Companies, Inc.

90.28% member: Albertsons Investor Holdings LLC
(no other entity or individual owns 10% or more of Licensee)

Officers

Robert B. Dimond – CFO/EVP
Robert Gordon – EVP/GC/Sec
Gary Morton – VP/Treas/Asst Sec

Safeway Inc. (LICENSEE)

ACC #F00372050 (Delaware Corporation)
100% Member: Albertsons Companies, Inc.

OFFICERS:

Robert Gordon – EVP/Sec/GC
Robert Miller – Manager
Robert Dimond – EVP/CFO
Gary Morton – VP/Treas/Asst Sec

SECTION 8 Government (for Cities, Towns or Counties only)

1. Government Entity: _____

2. Person/Designee: _____
Last First Middle Daytime Contact Phone #

**SECTION 9 Person to Person Transfer ARS§4-203(C), (D), (G)
(Bar and Liquor Stores only – Series 06, 07, and 09)**

1. License #: 09100150

2. Individual Owner/Agent Name: Guttilla Nicholas Carl
Last First Middle

3. Ownership Name: Albertson's LLC
(Exactly as it appears on the license)

4. Current Business Name: Albertson's #960
(Exactly as it appears on the license)

5. Business Location Address: 7300 N La Cholla Boulevard Tucson AZ Pima 85741
Street City State County Zip

6. Current Daytime Phone: (480) 304-8300 Primary Email Address: psines@gamlaw.com

7. Does current licensee intend to operate the business while this application is pending? Yes No

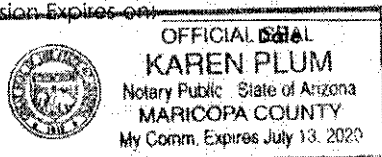
8. I, (Signature): _____ authorize the transfer of this license to the applicant.

NOTARY

I (Print Full Name) Nicholas Carl Guttilla hereby declare that I am the Individual (Agent) Owner, Or Controlling Person on the stated license and location.

Signature: _____ State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on _____ 26 Day of March 2018
Day Month Year



Signature of Notary

**SECTION 10 Location Transfer- Current Licensee Information ARS§4-203(C), (D), (G)
(Bar and Liquor Stores only – Series 06, 07, and 09)**

1. Current Business: Name: _____

Address: _____
(exactly as it appears on license)

2. New Business: Name: _____

Address: _____

SECTION 11 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 **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) 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 03
- d) Craft Distillery (A.R.S. §4-205.10) Series 18
- e) Government license (A.R.S. §4-205.03) Series 05
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 04
- h) Farm Winery Series 13
- i) Producer Series 01

1. Distance to nearest School: n/a per ARS 4-207.C1
(If less than one (1) mile, note footage)

Name of School: _____

Address: _____

2. Distance to nearest Church: n/a per ARS 4-207.C1
(If less than one (1) mile, note footage)

Name of Church: _____

Address: _____

SECTION 12 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 - (See attached letter)

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? \$ n/a or Other: _____

4. Total money borrowed for the Business, not including lease? \$ 0

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

| Last | First | Middle | Amount Owed | Mailing Address | City | State | Zip |
|------|-------|--------|-------------|-----------------|------|-------|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(Attach additional sheet if necessary)

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 manufacturer, wholesaler, or employee have an interest in your business?

Yes No If yes, attach explanation.

SECTION 13 Diagram of Premises

Check ALL boxes that apply to your business:

- Walk-up or drive-through windows
- Patio: Contiguous
- Patio: 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? ___/___/___

2. What type of business will this license be used for? (be Specific) Retail grocery store

3. Please attach a diagram of the premises which clearly shows only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and kitchen.

DO NOT INCLUDE

Parking lots, living quarters or areas where business is not conducted under this liquor license. Please identify which orientation is North on the diagram.

4. 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.

ATTACH DIAGRAM

IMPORTANT NOTE: As stated in A.R.S. §4-207.01 (B), it is the licensee's 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.

RESTAURANTS AND HOTELS/MOTELS ONLY

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

5a. 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)

5b. Provide a restaurant operation plan.

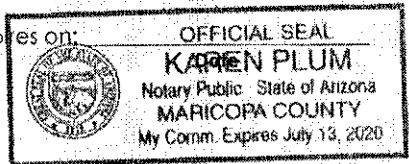
SECTION 14 SIGNATURE BLOCK

NOTARY

(Print Full Name) Nicholas Carl Guttilla hereby declare that I am the individual (Agent) Owner, Or Controlling Person on the stated license and location.

Signature: [Handwritten Signature] State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Day of March 2018
Day Month Year



[Handwritten Signature]
Signature of Notary

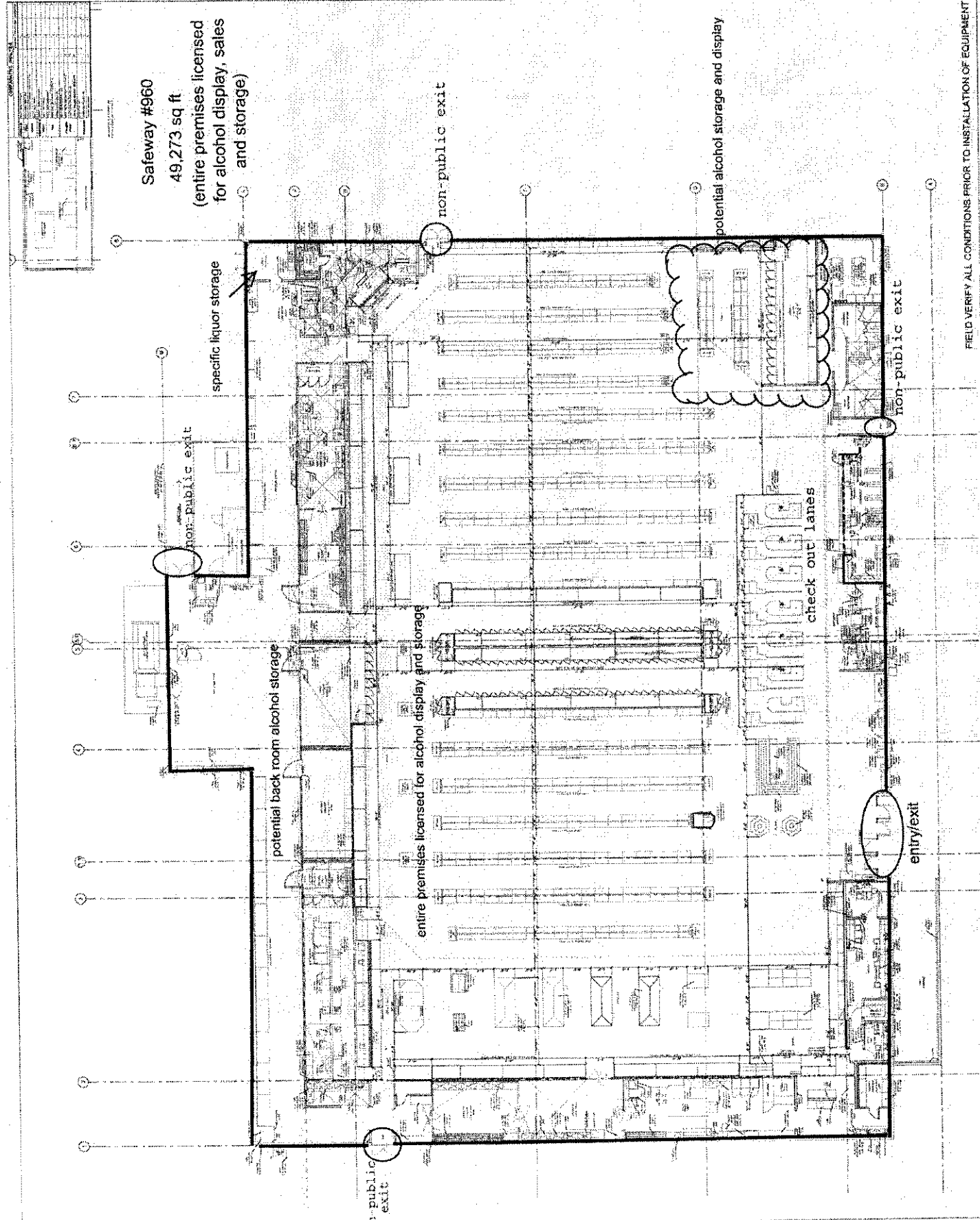
A.R.S. §41-1030. Invalldity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

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.



FIELD VERIFY ALL CONDITIONS PRIOR TO INSTALLATION OF EQUIPMENT