

# Pima County Clerk of the Board

Robin Brigode

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Deputy Clerk

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September 12, 2016

Kevin Arnold Kramber  
Goodness Fresh Food & Juice Bar  
536 E. Wagon Bluff Drive  
Tucson, AZ 85704

RE: Application for Agent Change/Acquisition of Control/Restructure  
Arizona Liquor License No.: 12104398  
Goodness Fresh Food & Juice Bar

Dear Mr. Kramber:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above application. Please be advised that the hearing has been scheduled for Tuesday, October 18, 2016, at 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building  
Board of Supervisors Hearing Room  
130 West Congress, 1st Floor  
Tucson, Arizona 85701

For your information, enclosed is a copy of the Sheriff's Report. Any questions pertaining to the enclosed report should be directed to the Pima County Sheriff's Department at (520) 351-6999. If you have any questions pertaining to the above referenced hearing, please contact this office at (520) 724-8449.

Sincerely,

A handwritten signature in cursive script that reads "Robin Brigode".

Robin Brigode  
Clerk of the Board

Enclosure

c: Pima County Sheriff Investigative Support Unit



16-04-0075

AUG 10 Lic. Lic. # 155  
DLIC USE ONLY

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

Date Processed: 8/10/16  
CSR: DW  
60th Day: 10/9/16

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1

Check the appropriate boxes

Agent Change Complete Sections 1,2,3,4,5 & 7
Acquisition of Control Complete Sections 1,2, 3 & 7
Restructure Complete Sections 1,2,3,6 & 7

SECTION 2

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

- 1. Name: KRAMBER, KEVIN, ARNOLD, 12104398
2. Owner Name: BRAND RESTAURANT CONCEPTS, LLC, Corp File #: L-19717157
3. Business Name: GOODNESS FRESH FOOD & JUICE BAR, Email: KEVIN@ARZBARMAN.COM
4. Business Location Address: 6370 N. CAMPBELL AVE., #160 TULSON, PIMA, 85718
5. Is the Business located within the incorporated limits of the above City or Town? Yes No
6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No
7. Mailing Address: 536 E. WAGON BLUFF DR., TULSON, AZ, 85704
8. Business Phone: (520) 338-8418 Daytime Contact Phone (520) 235-5684
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? Yes No
10. Has there been any change of Controlling Persons? Yes No

SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

Table with columns: New, Last, First, Middle, Title, Address, City, State, Zip. Contains handwritten entry: SEE ATTACHED LIST

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

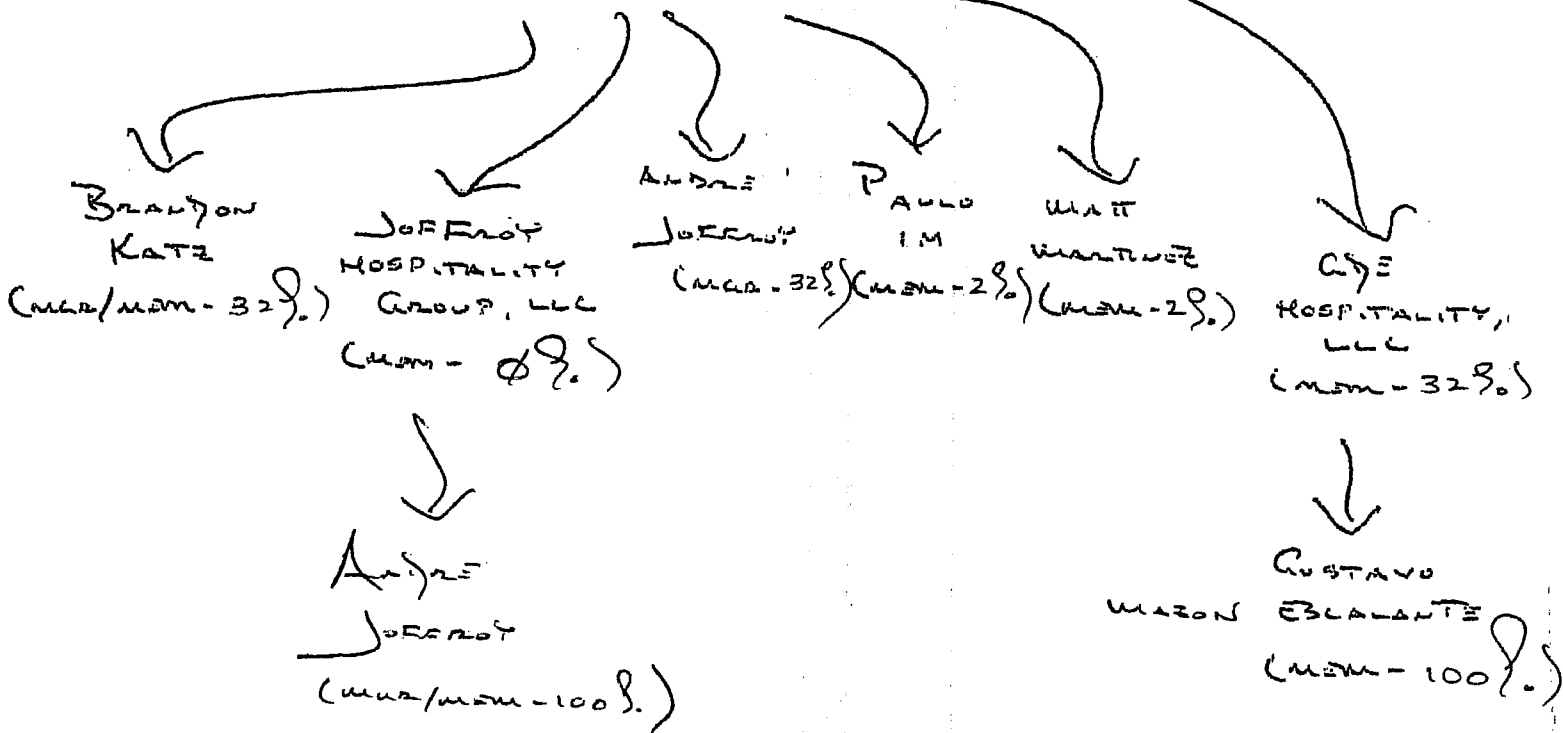
2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

Table with columns: New, Last, First, Middle, % Owned, Address, City, State, Zip. Contains handwritten entry: SEE ATTACHED LIST

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

BRAND RESTAURANT  
CONCEPTS, LLC  
(MEM/MEM - 100%)



SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

'16 AUG 10 Lir. Lic. PH 1:55

1. As an Agent, will you be physically present and operating the licensed premise? Yes No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? Yes No

If yes, Name of current Manager: Last First Middle

Basic Training Yes No

Management Training Yes No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License #

2. Current Agent Name: Last First Middle

I, (Print full name) hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X (Controlling Person/Existing Agent)

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

My commission expires on:

Day of Month Year

Signature of NOTARY PUBLIC

SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? YES NO

If YES, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- J.T.W.R.O.S.
INDIVIDUAL
PARTNERSHIP
CORPORATION
LIMITED LIABILITY CO.
MANAGEMENT CO.
TRIBE
TRUST
OTHER (Explain)

- J.T.W.R.O.S.
INDIVIDUAL
PARTNERSHIP
CORPORATION
LIMITED LIABILITY CO.
MANAGEMENT CO.
TRIBE
TRUST
OTHER (Explain)

SECTION 7 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

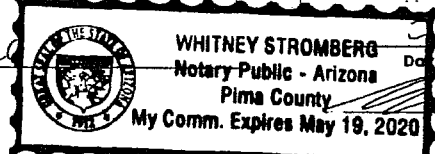
I, (Print full name) hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X (Controlling Person/Existing Agent)

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

My commission expires on: 5/19/20

of August 2016 Month Year



Signature of NOTARY PUBLIC