

# Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> 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

June 26, 2017

Kim Marie Faust  
The Korner Cafe  
2865 W. Calle Carapan  
Tucson, AZ 85745

RE: Arizona Liquor License No.: 12104516  
d.b.a. The Korner Cafe

Dear Ms. Faust:

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 31, 2017. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, July 11, 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,

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

Julie Castañeda  
Clerk of the Board

Enclosure

6/22



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

JUN 26 17PM 12:07 PC CLK OF BD

ARB

**AFFIDAVIT OF POSTING**

Date of Posting: 6/2/17

Date of Posting Removal: 6/23/17

Applicant's Name: The Korner Cafe  
Faust Kim Marie  
Last First Middle

Business Address: 3053 S. Kinney Road Tucson 85713  
Street City Zip

License #: 12104516

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.

R. GRENIER, #6175 DCSD 351-6000  
Print Name of City/County Official Title Phone Number

[Signature] 6/23/17  
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: Katrina Martinez  
Administrative Specialist  
DATE: June 1, 2017  
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Kim Marie Faust  
d.b.a. The Korner Cafe  
3053 S. Kinney Road  
Tucson, AZ 85713

Arizona Liquor License No. 12104516  
Series 12, Restaurant  
New License X  
Person Transfer       
Location Transfer     

ZONING REPORT

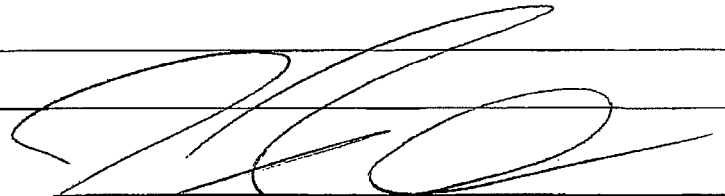
DATE: 6/26/17

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](mailto:cob_mail@pima.gov)

JUN 26 17 AM 10:45 PC CLK OF BD 

17-17-9293

17 MAY 25 Liq. Dept PM12:28

17 MAY 16 Liq. Dept PM12:11

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

DLIC USE ONLY
License # 12104516
Date Accepted: 5/25/17
CSR: [Signature]

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.): RESTRAUNT
2. LICENSE # (if issued): 12104516

SECTION 4 Applicants

1. Agent's Name: FAUST KIM MARIE
2. Applicant/Licensee Name: FAUST KIM MARIE
3. Business Name (Doing Business As-DBA): THE KORNER CAFE
4. Business Location Address: 3053 S. KINNEY RD. TUCSON AZ 85713 PIMA
5. Mailing Address: 2865 W. CALLE CARAPAN TUCSON AZ 85745
6. Business Phone: 520-883-7101 Daytime Contact Phone: 520-481-7471
7. Email Address: thekornercafe@yahoo.com
8. Is the Business located within the incorporated limits of the above city or town? Yes No

Fees: Application \$100 Interim Permit - Site Inspection \$50 Finger Prints \$22 Total of All Fees \$172.00
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: \_\_\_\_\_ Date authorized to do business in AZ \_\_\_\_\_

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

(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.**

<b>NOTARY</b>	
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.	
(Affix Seal Above)	Signature of NOTARY PUBLIC

**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.**

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

1. Government Entity: \_\_\_\_\_
2. Person/Designee: \_\_\_\_\_  
Last 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: \_\_\_\_\_  
Last First 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 of Agent or individual controlling person

**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 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 **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 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

1. Distance to nearest School: 2.2 MILES Name of School: VESEY ELEMENTARY  
 (If less than one (1) mile note footage) Address: 5005 S. BUTTS RD. TUCSON, AZ. 85757

2. Distance to nearest Church: 1.4 MILES Name of Church: CALVARY ASS. OF GOD  
 (If less than one (1) mile note footage) Address: 4540 S. TUSCON ESTATES PKWY  
TUCSON, AZ. 85735

**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: FORD JENSON  
 Address: P.O. BOX 86 WALKER MN. 56484  
Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ 0 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 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:

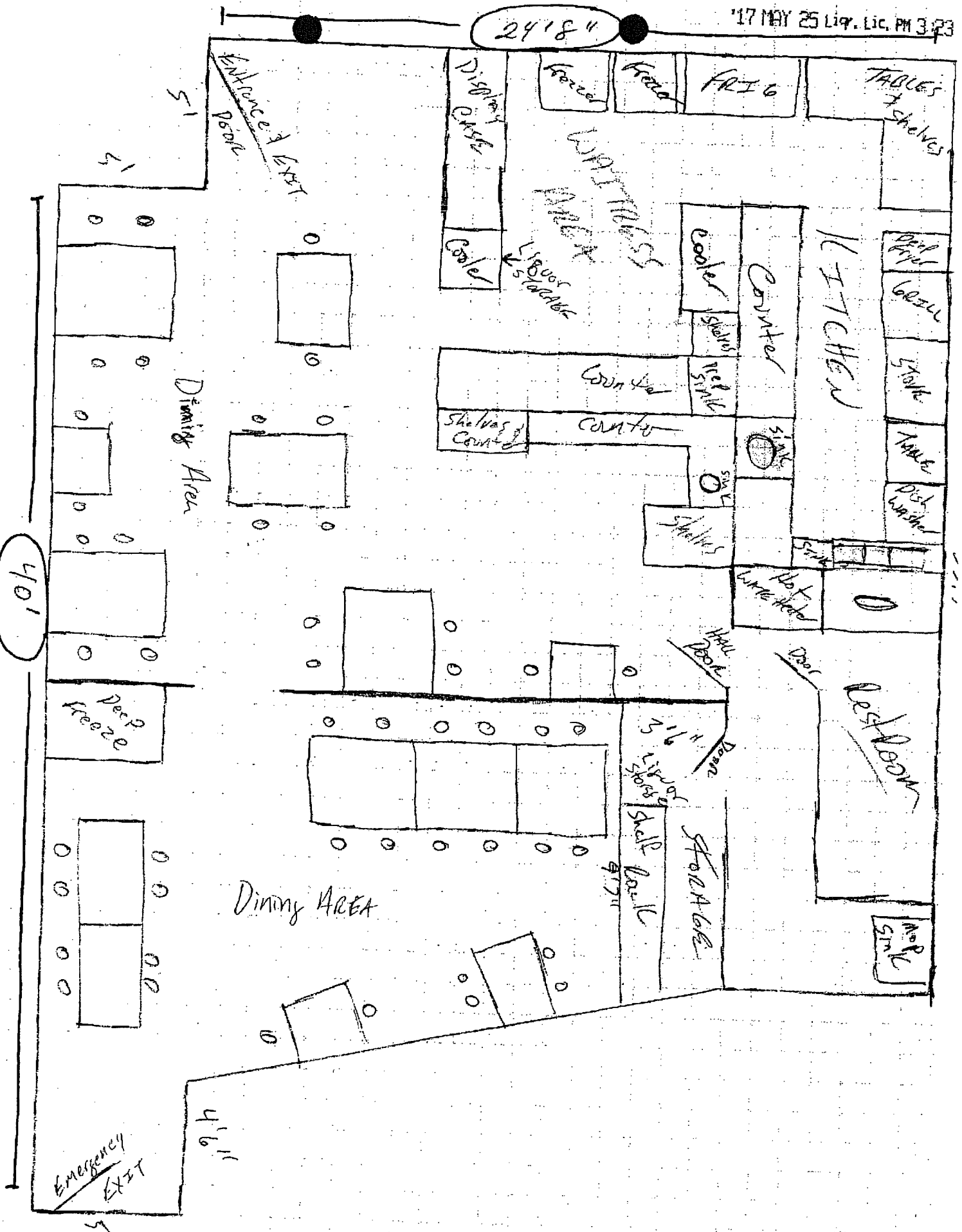
Walk-up or drive-through windows

**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.

24'8"





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.

  
Applicants Initials

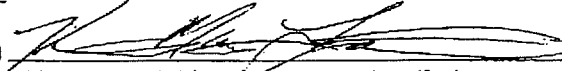
**RESTAURANTS AND HOTELS/MOTELS ONLY**

(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.

**SECTION 13 SIGNATURE BLOCK**

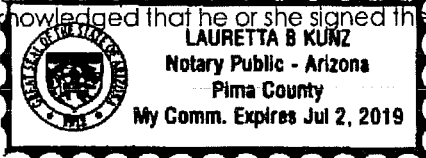
I, (Signature)  hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

**NOTARY**

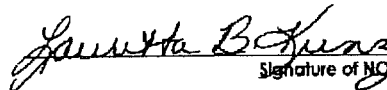
State of Arizona )  
County of PIMA )

On this 15<sup>th</sup> Day of May, 20 17 before me personally appeared KIM MARIE FRAUST  
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.



(Affix Seal Above)

  
Signature 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.azllquor.gov  
 (602) 542-5141

17 MAY 16 Ligr. Dept PM12:13

17 MAY 25 Ligr. Dept PM12:29

RESTAURANT OPERATION PLAN

DLIC USE ONLY LICENSE # 12104516

1. Name of restaurant (Please print): THE KORNER CAFE

2. List by Make, Model, and Capacity of your: **(If you attached a legible copy of your equipment list, only provide the following items:)**

Grill	Superior Gas Grill 2 Burner
Oven	Garland 28x30 4 Burner
Freezer	Woods 24x30x60, Whirlpool 22x26x60, Gibson 27x47
Refrigerator	3 True and 1 GE
Sink	3 Hand Sinks, 1 Food Prep, 1 Mop Sink
Dish Washing Facilities	Hobart Machine / Three Compartment Sink
Food Preparation Counter (Dimensions)	8' long 22" wide
Other	

3. Attach a copy of your full menu **including prices** (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).

4. List the **seating capacity** for:

- a. Restaurant dining area of your premises: ( 48 )  
**(Do not include patio seating)**
- b. Bar area of your premises: [ + \_\_\_\_\_ ]
- c. Total dining and bar seating capacity of your premises: [ = 48 ]

5. What Type of dinnerware and utensils are utilized within your restaurant?  
 Reusable       Disposable       Both

6. Does your restaurant have a bar area that is distinct and separate from the dining area?  YES  No  
**(If yes, what percentage of the public floor space does this area cover?) \_\_\_\_\_%**

7. What percentage of your public premises is used primarily for restaurant dining?  
**(Do not include kitchen, bar, hi-top tables, or game area.)** 90 %

8. Does your restaurant contain any games, televisions, or any other entertainment?  YES  No  
 (If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Do you have live entertainment or dancing?  YES  No  
 (If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	1
Bartenders	0
Hostesses	0
Managers	0
Servers	2
Other ( )	
Other ( )	
Other ( )	

I, **KIM MARIE FAUST**

\_\_\_\_\_, hereby declare that I am the APPLICANT filing this application.  
 (Print full name)

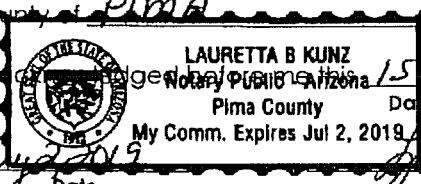
I have read this application and the contents and all statements true, correct and complete.

X   
 (Signature of APPLICANT)

**NOTARY**

State of ARIZONA County PIMA

The foregoing instrument was acknowledged before me this 15<sup>th</sup> day of MAY 2017  
 My Commission Expires on July 2, 2019 Date

  
 LAURETTA B. KUNZ  
 Notary Public, Arizona  
 Pima County, Arizona  
 My Comm. Expires Jul 2, 2019

Laretta B. Kunz  
 Signature of Notary Public



Arizona Department of Liquor Licenses and  
Control

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

17 MAY 25 Ligr. Dept PH1229

**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 DLIC 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.

**REVOCAION 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.

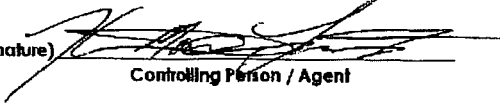
**A.R.S. §4-205.02(G)**

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.

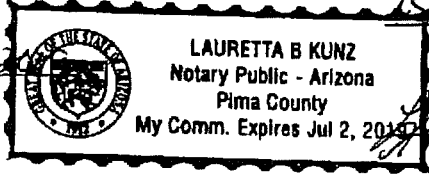
**NOTARY**

I, (Print Full Name) Kim Marie Faust, have read and understand all aspects of this statement

X (Signature)  Controlling Person / Agent

State of ARIZONA County of PIMA  
the foregoing instrument was acknowledged before me this

My commission expires on July 2, 2017 15<sup>th</sup> of MAY 2017  
Day Month Year



Laretta B. Kunz  
Signature of NOTARY PUBLIC

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