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March 5, 2018

Alice Soto
Los Acres Grocery
4141 W. Tetakusim Road
Tucson, AZ 85746

RE: Application for Agent Change/Acquisition of Control/Restructure
Arizona Liquor License No.: 10103731
Los Acres Grocery

Dear Ms. Soto:

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, March 20, 2018, 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 "Julie Castañeda".

Julie Castañeda
Clerk of the Board

Enclosure

c: Pima County Sheriff Investigative Support Unit

18-01-0119

18 FEB 13 Liq. Lic. RM10:24

18 JAN 18 Liq. Dept RM 1 50 LLC USE ONLY



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

Date Processed: 2/13/18
CSR: [Signature]
60th Day: 4/14/18

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: SOTO ALICE 10103731 P1072153
2. Owner Name: LOS ACRES LLC Corp File #: L19387493 B1052909
3. Business Name: LOS ACRES GROCERY Email: alibenz8888@gmail.com
4. Business Location Address: 4141 W TETAKUSIM RD TUCSON PIMA 85746
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 If Yes, what City, Town or Tribal Reservation is this Business located in: PIMA COUNTY
7. Mailing Address: 4141 W TETAKUSIM RD TUCSON AZ 85746
8. Business Phone: (520)578-4109 Daytime Contact Phone 520-809-2920
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? Yes No If yes, submit a certified copy of minutes.
10. Has there been any change of Controlling Persons? Yes No if yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

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. Row 1: SOTO ALICE BENITEZ MEMBER 4141 W TETAKUSIM RD TUCSON AZ 85746

(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. Row 1: SOTO ALICE BENITEZ 100 4141 W TETAKUSIM RD TUCSON AZ 85746

(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.

RECEIVED

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

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: _____
(Exactly as it appears on license) 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: _____

_____ of _____
Day 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) **ALICE BENITEZ SOTO**, 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 *Alice Benitez Soto*
(Controlling Person/Existing Agent)

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

My commission expires on: **04/09/2021**

Janice Chavez
Day of **JANUARY** 201**8**
Month Year
Signature of NOTARY PUBLIC

