



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

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

October 2, 2019

Daniel Dominic Scordato
Posto Sano Foods
6370 N. Campbell Avenue, No. 160
Tucson, AZ 85718

RE: Arizona Liquor License Job No.: 74362
d.b.a. Posto Sano Foods

Dear Mr. Scordato:

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 September 4, 2019. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, October 15, 2019, 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 "Castañeda", is written over a horizontal line.

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: 09/05/19 Date of Posting Removal: 10/01/19

Applicant's Name: Posto Sano Foods
Scordato Daniel Dominic
Last First Middle

Business Address: 6370 N. Campbell Avenue, No. 160 Tucson 85718
Street City Zip

License #: 74362

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.

DR McKillop PCSD Process Server 520 351 3919
Print Name of City/County Official Title Phone Number

DR McKillop 10/01/19
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.

OCT 01 19 07:47 PC CLK/FD
AFB



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TO: Development Services, Zoning Division
FROM: Melissa Whitney
Administrative Support Specialist Senior
DATE: 9/5/2019
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Daniel Dominic Scordato
d.b.a. Posto Sano Foods
6370 N. Campbell Avenue, No. 160
Tucson, AZ 85718

Arizona Liquor License Job No. 74362
Series 12, Restaurant
New License ☒
Person Transfer
Location Transfer

ZONING REPORT

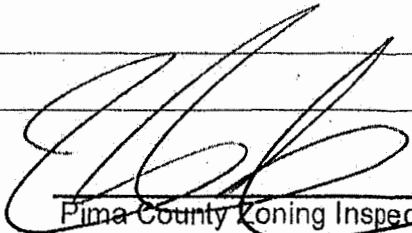
DATE: 9/5/19

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

SFP 0519M0221 PCC KCFRD
MLC

State of Arizona
Department of Liquor Licenses and Control

Created 08/30/2019 @ 10:28:39 AM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	POSTO SANO FOODS		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	6370 N CAMPBELL AVENUE # 160 TUCSON, AZ 85718 USA		
Mailing Address:	6370 N CAMPBELL AVENUE # 160 TUCSON, AZ 85718 USA		
Phone:	(520)661-2228		
Alt. Phone:			
Email:	VIVACEDAN@COMCAST.NET		

AGENT

Name:	DANIEL DOMINIC SCORDATO
Gender:	Male
Correspondence Address:	6370 N CAMPBELL AVENUE # 160 TUCSON, AZ 85718 USA
Phone:	(520)661-2228
Alt. Phone:	
Email:	JUANA.VIVACE@COMCAST.NET

OWNER

SEP 04 19 PM 01 09 PC CLK OF BD

Name: DDS 1 LLC
Contact Name: DANIEL DOMINIC SCORDATO
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 1883406 State of Incorporation: AZ
Incorporation Date: 08/11/2018
Correspondence Address: 6370 N CAMPBELL AVENUE
160
TUCSON, AZ 85718
USA
Phone: (520)661-2228
Alt. Phone:
Email: VIVACEDAN@COMCAST.NET

Officers / Stockholders

Name:	Title:	% Interest:
DANIEL DOMINIC SCORDATO	MEMBER	100.00

DDS 1 LLC - MEMBER

Name: DANIEL DOMINIC SCORDATO
Gender: Male
Correspondence Address: 6370 N CAMPBELL AVENUE
160
TUCSON, AZ 85718
USA
Phone: (520)661-2228
Alt. Phone:
Email: VIVACEDAN@COMCAST.NET

APPLICATION INFORMATION

Application Number: 74362
Application Type: New Application
Created Date: 08/30/2019

QUESTIONS & ANSWERS

012 Restaurant

- 1) If you intend to operate the business while your application is pending you will need an interim permit pursuant to A.R.S. §4-203.01. Would you like to apply for an Interim Permit?
If yes, after completing this application, please go back to your Licensing screen, under New License Application choose "Interim Permit" from the drop-down window.
Yes
- 2) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes
- 5) Are you a tenant? (A person who holds the lease of a property; a lessee)
Yes
A Document of type LEASE is required.

- 6) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
PAY RENT TILL END OF LEASE
- 7) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)
No
- 8) Are you the owner?
No
- 9) Are you a purchaser?
No
- 10) Are you a management company?
No
- 11) Is the Business located within the incorporated limits of the city or town of which it is located?
No
If no, in what City, Town, County or Tribal/Indian Community is this business located?
PIMA COUNTY
- 12) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
\$200,00.00
PACIFIC PREMIER BANK
6400 N ORACLE RD TUCSON AZ 85704
- 13) Have you provided a diagram of your premises?
Yes
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
CONTIGUOUS
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
10/1/2019
- 17) Have you provided a Restaurant Operation Plan form?
Yes
- 18) Have you provided a Records Required for Audit form?
Yes

State of Arizona
Department of Liquor Licenses and Control

Created 08/30/2019 @ 10:28:46 AM

Local Governing Body Report

LICENSE

Number:	INP100007610	Type:	INP INTERIM PERMIT
Name:	POSTO SANO FOODS		
State:	Active		
Issue Date:	08/30/2019	Expiration Date:	12/13/2019
Original Issue Date:	08/30/2019		
Location:	6370 N CAMPBELL AVENUE # 160 TUCSON, AZ 85718 USA		
Mailing Address:	6370 N CAMPBELL AVENUE # 160 TUCSON, AZ 85718 USA		
Phone:	(520)661-2228		
Alt. Phone:			
Email:	VIVACEDAN@COMCAST.NET		

AGENT

Name:	DANIEL DOMINIC SCORDATO
Gender:	Male
Correspondence Address:	6370 N CAMPBELL AVENUE # 160 TUCSON, AZ 85718 USA
Phone:	(520)661-2228
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OWNER

Name: DDS 1 LLC
Contact Name: DANIEL DOMINIC SCORDATO
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 1883406 State of Incorporation: AZ
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Correspondence Address: 6370 N CAMPBELL AVENUE
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TUCSON, AZ 85718
USA
Phone: (520)661-2228
Alt. Phone:
Email: VIVACEDAN@COMCAST.NET

Officers / Stockholders

Name:	Title:	% Interest:
DANIEL DOMINIC SCORDATO	MEMBER	100.00

DDS 1 LLC - MEMBER

Name: DANIEL DOMINIC SCORDATO
Gender: Male
Correspondence Address: 6370 N CAMPBELL AVENUE
160
TUCSON, AZ 85718
USA
Phone: (520)661-2228
Alt. Phone:
Email: VIVACEDAN@COMCAST.NET

APPLICATION INFORMATION

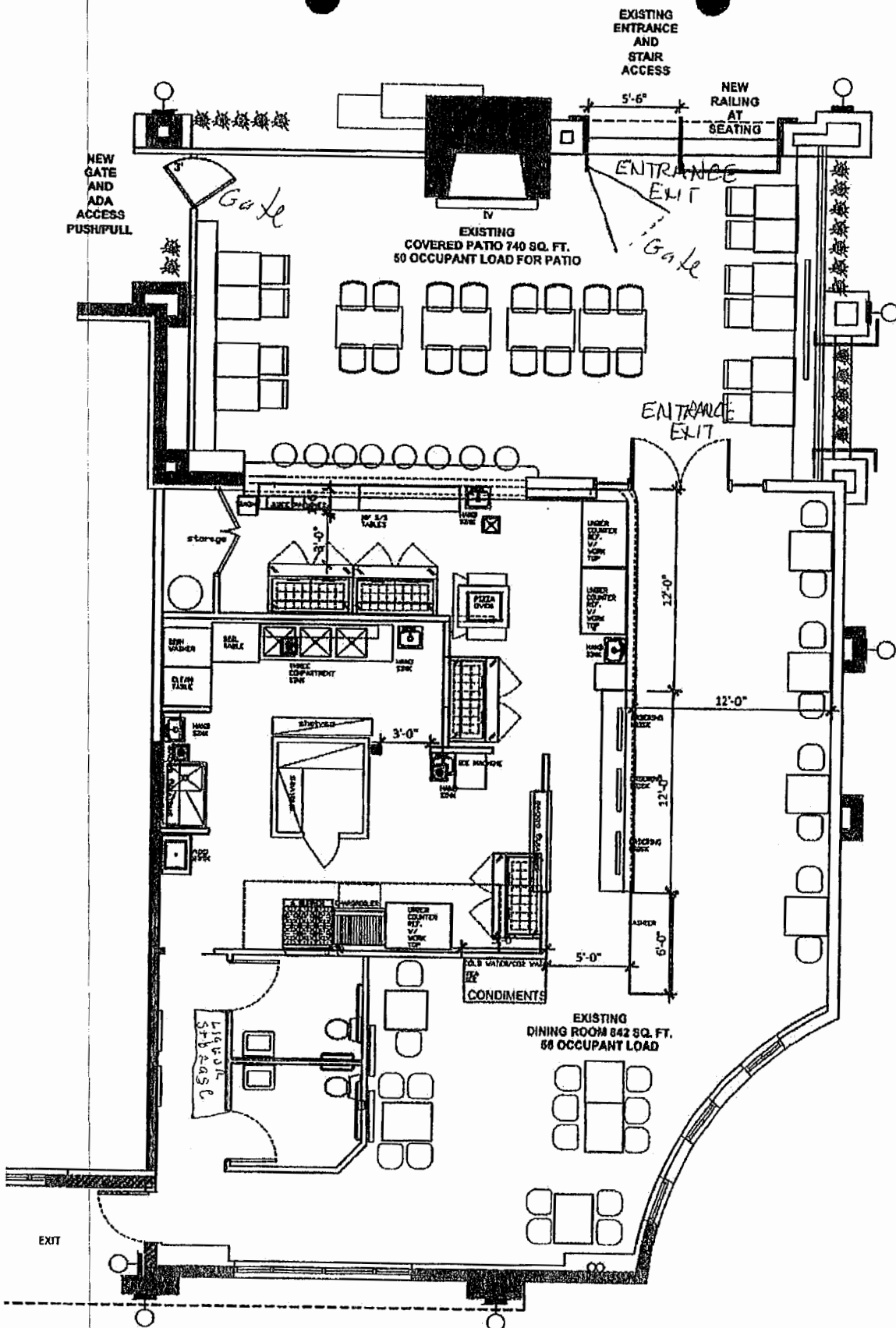
Application Number: 74364
Application Type: New Application
Created Date: 08/30/2019

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
12104398
- 2) Is the license currently in use?
No
How long has it been out of use?
1 YEAR 10 MONTHS
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
No

1846 SF



19 AUG 30 1971, L.R. #1032

FLOOR PLAN
SCALE 1/8" = 1'-0"



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

Job #: 74862

RESTAURANT OPERATION PLAN

1. Name of restaurant (Please print): POSTOGANO FOODS
2. List equipment below by Make, Model, and Capacity : (PROVIDE THE FOLLOWING ITEMS ONLY, NO ATTACHMENTS)

Grill	Imperial IR-636-C (W-36", D-31.5", H-56.5")
Oven	Max Series Pizza Oven Double Chamber (W-34", D-36", H-26.75") PE-IT-0019-S/PE-IT-0038-D
Freezer	True T-12F (W-24.75", D-23.125", H-79")
Refrigerator	True T-72 (W-78.125", D-29.5", H-78.375")
Sink	GSW USA SH18243D (W-90", D-30", H-45")
Dish Washing Facilities	Hobart F40078-1 (W-24.5", D-26", H-66.5")
Food Preparation Counter (Dimensions)	GSW USA WT-EE 2460 (W-24", D-60", H-35")
Other	Vitamix 1005 (W-8", D-9", H-20.3")

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:
(Do not include patio seating)

26

b. Bar area of your premises:

0

c. Total dining and bar seating capacity of your premises:

26

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.) 70 %

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.)

2 TVs

9. Do you have live entertainment or dancing? ☐ YES ☒ No
(If yes, what type and how often 8.5
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	5
Bartenders	0
Hostesses	1
Managers	1
Servers	0
Other (Runners)	2
Other (Cashier)	1
Other ()	

I, Daniel/Dominic Scordato, hereby declare that I am the APPLICANT filing this application.
I have read this application and the contents and all statements true, correct and complete.

X [Signature]
(Signature of APPLICANT)

NOTARY

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this 7TH day of AUGUST 2019
Day Month Year

My Commission Expires on DATE
OFFICIAL SEAL
MIRANDA DUSTAMANTE
Notary Public - Arizona
MARICOPA COUNTY
My Commission Expires
MARCH 10, 2020

[Signature]
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

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 DLLC 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.

NOTARY

I, (Print Full Name) Daniel Dominick Scordato have read and understand all aspects of this statement

X (Signature)

[Signature]
Controlling Person / Agent

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

7TH of AUGUST 2019
Day Month Year



[Signature]
Signature of NOTARY PUBLIC

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