

Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy 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) 351-8456

October 23, 2013

Mr. John Robert Lashley Tucson Speedway 6262 N. Camino Verde Tucson, AZ 85743

RE:

Pima County Liquor License No.: 13-18-9160

d.b.a. Tucson Speedway

Dear Mr. Lashley:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 7, Beer and Wine Bar, which was received in our office on September 23, 2013. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, November 5, 2013, 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,

Robin Brigode

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

	<u>AFFID</u>	AVIT OF POSTING	
Date of Posting:	9/26/13	Date of Posting Rem	oval: 10/16/13
Annlicant Namo	Tucson Speedway	lab.	Dahart
applicant Name:	<u>Lashley</u>	John First	Robert Middle
Business Address:	11955 S. Harrison Road	Tucson,	AZ 85747
13-18 icense #: <u>0710</u>	Street 762 · Va 3-9160 0283	City	Zip
	hat pursuant to A.R.S. § 4-201, I licensed by the above applicant	•	
M.F	dure Pex	ESS SERVER	351.6100
Print Name of City		Title	Telephone #
M	· Danne		10/16/13
·	Signature		Date Signed
Return this affidavi	t with your recommendation (i.e	e., Minutes of Meeting, Verb	atim, etc.) or any other related

documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

Lic0119 4/2009



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		Ė			
TO:	Development Services, Zoning Division				
FROM:	Katrina Martinez	A COLUMN TO THE PROPERTY OF TH			
DATE:	September 24, 2013	And the state of t			
RE:	Zoning Report - Application for Liquor License				
Attached is t	the application of:				
11955 S. Ha Tucson, AZ Pima Count	on Speedway arrison Road 85747 y Liquor License No. <u>13-18-9160</u> eer and Wine Bar e _ nsfer X				
ZONING RE	EPORT DATE $Q/I/3$				
Will current	zoning regulations permit the issuance of the license at this locat	n?			
Yes	No	· -			
If No, please	e provide the following:				
Pursuant to	Pima County Zoning Code, Section:				
the applicar	nt must:				
	Rima Calety 7 - a least tra				
	Pima County Zening Inspector				



Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy

Administration Division 130 W. Congress, 5th Floor Tucson, AZ 85701

Document and Micrographics Mgt, Division 1640 East Benson Highway Tucson, Arizona 85714 351-8456

Deputy Clerk	Phone: (520) 724-8449 • Fax: (520)222-0448	Phone: (520) 351-8454 • Fax: (520) 3
TO:	Pima County Sheriff's Department Investigative Support Unit	
FROM:	Katrina Martinez	
DATE:	September 24, 2013	
RE:	Sheriff's Report - Application for Liquor	License
John Rober d.b.a. Tucso	on Speedway arrison Road	
	nsfer_X_	
SHERIFF'S	REPORT	DATE: 10/9/13

Is there any reason this application should not be recommended for approval?

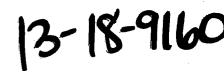
Investigative Support Unit Supervisor

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007 www.azliquor.gov

602-542-5141



AMENDME TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, <u>All</u> <u>the business</u> must attend a Depar the Liquor Licensing requirement	tment approved liquor la	rs, Stockholders, Office aw training course or pr	rs, or Managers ovide proof of a	actively involved i ttendance within th	n the day to day	ay operations of rs. See page 5 of	
SECTION 1 This applica ☐ MORE THAN ONE LICEN ☑ INTERIM PERMIT Comp ☐ NEW LICENSE Complete ☑ PERSON TRANSFER (Bar	NSE lete Section 5 e Sections 2, 3, 4, 1		☐ J.T.V	I <mark>ON 2</mark> Type o V.R.O.S. <i>Comp</i> VIDUAL <i>Comp</i> TNERSHIP <i>Co</i>	olete Sectio olete Sectio	n 6 n 6	
Complete Sections LOCATION TRANSFER (Complete Sections PROBATE/WILL ASSIGN Complete Sections GOVERNMENT Complete	2, 3, 4, 11, 13, 15, 1 Bars and Liquor Stor 2, 3, 4, 12, 13, 15, 1 MENT/DIVORCE DI 2, 3, 4, 9, 13, 16 (fe	6 res ONLY) 6 ECREE e not required)	⊠ COF □ UMI □ CLU □ GOV □ TRU	PORATION CONTROL LIABILITY B. Complete Selection CERNMENT CONTROL ST. Complete IER (Explain)	omplete Se CO. Comp ection 8 omplete Se Section 6	ction 7 lete Section 7	
SECTION 3 Type of lice	nse and fees LICE	ENSE #(s): 071002	83				2.0
1. Type of License(s):		2. Total fees at	tached: \$	244.	artment Use Or	ly	Ţj
APPLICATION FE	E AND INTERIM ees allowed under	PERMIT FEES	(IF APPLIC	ABLE) ARE			
SECTION 4 Applicant							8
1. Owner/Agent's Name: (Insert one name ONLY to appear o	MsLASHLEY	Last	JOHN	First	ROBE	RT Middle	3
2. Corp./Partnership/L.L.C.:_		rs on Articles of Inc. or Ar	ticles of Org.))
3. Business Name: TUCSON	SPEEDWAY						
	(Exactly as it appear	rs on the exterior of prem	ises)				
 Principal Street Location ¹ 	1955 S. HARRISON RE	Number)	CSON	PIMA	County	85747 Zip	_
5. Business Phone:	Da			Email:	·	ΖÞ	
6. Is the business located wi	thin the incorporated	limits of the above	city or town?	□YES MNO			
7. Mailing Address:	City		Otata	721			
8. Price paid for license only		, or liquor store: Тур	State De\$	Zip	Туре	\$	
		DEPARTMENT US	E ONLY				
Fees: \OO Application	Interim Permit	Site Inspection	Finge	er Prints \$	2U TOTAL OF	4.00 all fees	
Is Arizona Statement of Accepted by:	Citizenship & Alien	Status For State E	Senefits comp	(TI)	□ NO	183	

*Disabled individuals requiring special accommodation, please call (602) 542-9027.

1/7/2013

713 SEP 19 Ligy. Jept 191126 Arizona Department of Liquor Licenses and Control 800 West Washington, 5th Floor Phoenix, Arizona 85007

www.azliquor.gov 602-542-5141

APPLICATION FOR LIQUOR LICENSE TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of

the Liquor Licensing requirements.		<i>.</i>
SECTION 1 This application is for a:	SECTION 2 T	ype of ownership:
☐ MORE THAN ONE LICENSE		
☑ INTERIM PERMIT Complete Section 5		Complete Section 6
☐ NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15,		Complete Section 6
☑ PERSON TRANSFER (Bars & Liquor Stores ONLY).	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IP Complete Section 6
Complete Sections 2, 3, 4, 11, 13, 15, 16		ON Complete Section 7
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY		ILITY CO. Complete Section 7
Complete Sections 2, 3, 4, 12, 13, 15, 16	☐ CLUB <i>Comp</i> l	
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE		NT Complete Section 10
Complete Sections 2, 3, 4, 9, 13, 16 (fee not requ		•
☐ GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15	,16 □ OTHER (Expl	ain)
CECTION 2 To a file of the line of the lin	N- 07100283	
SECTION 3 Type of license and fees LICENSE #(s); <u>07100283</u>	
1. Type of License(s): SERIES07, BEER/WINE BAR		Department Use Only
	otal fees attached: \$ 24	14.00
APPLICATION FEE AND INTERIM PERMI	IT FEES (IF APPLICABLE)	ARE NOT REFUNDABLE.
The fees allowed under A.R.S. 44	4-6852 will be charged for all dis	shonored checks.
SECTION 4 Applicant		P1070107
Mr. LASHLEY	JOHN	ROBERT
1. Owner/Agent's Name: Ms		
(Insert one name ONLY to appear on license) Last	First	B1050940
2. Corp./Partnership/L.L.C.: START-TUCSON (SHORT TRACK	ASPHALI RACING TEAM-TUCSON)	
(Exactly as it appears on Article	s of Inc. or Articles of Org.)	81005318
3. Business Name: TUCSON SPEEDWAY		•
(Exactly as it appears on the ex	terior of premises)	·
4 Principal Street Location 10955 S HARRISON RD	TUCSON	PIMA 85747
4. Principal Street Location (Do not use PO Box Number)	₿ City	County Zip
	one: 520- 762-1600 850-2822 _{Em}	nail: NA
6. Is the business located within the incorporated limits of	the above city or town? ☐YES	⊠NO
7. Mailing Address: 6262 N CAMINO VERDE, TUCSON	ARIZONA 85743	
City	State Zip store: Type 07 \$ 6000	Т ф
8. Price paid for license only bar, beer and wine, or liquor	store. Type or 5	
· DEPART	MENT USE ONLY	
100 100	111100	
Fees: 100	= 44.00	$\Delta \Omega \Omega \Omega \Omega$
Application Interim Permit Site I	nspection Finger Prints	\$ <u>094.00</u>
		TOTAL OF ALL FEES
la Avisana Ctatament of Citizanahin 9 Alian Ctatan	For State Deposite complete?	LVES ELNO
Is Arizona Statement of Citizenship & Alien Status F	- Consider benefits complete?	YES NO
Accepted by: CAPADA Date: 012	20113 Lic. # C	リコルンころをス
Accepted by: Date: 1	LIC. #	rrocass

SECTION 5 Interim Permit:

	-203.01.					nung you will need an inte		
2. Th	ere MUST	be a valid lic	ense of th	e same type :	you are apply	ying for currently issued to	ine location.	•
3. En	ter the lice	nse number	currently a	at the location	0710	0283	0/	
4. ls1	the license	currently in u	ıse? □ Yl	ES IŽÍNO	lf no, ho	w long has it been out of us	ie? <u>7 /20/</u>	12
	BERT	ICENSE CU)			TION TO THIS APPLICAT		PARTNER,
MEN	,	, ,	R, OR U	CENSEE (cir	cle the title v	vhich applies) of the stated	license and loc	ation.
		M		· .		State of An 201	\(\)_County of_	Maniopa
X		ignature)	19-00-			The foregoing instrumen	t was acknowled	iged before me this
Mv co		expires on: _	11/09	5015	ASHLEY BUC	day of Day	Une S	Vean Year
					RY PUBLIC - A Maricopa Cour	HIZONA ()	0029	alo
	•			012 + Ny	Commission E lovember 9, 20	rpires (Signature of	NOTARY PUBLIC)	
					100		<u> </u>	
			_					
				ship Owners			nnnist oann asin A	
	Person Listi ACH Card.	ED MUST SUEMIT	FA COMPLET	ED QUESTIONNA	URE (FORM LICO	101), AN "APPLICANT" TYPE FINGE	RPRINT CARD, AND \$	22 PROCESSING FEE
1. Ind	dividual:							
La	st.	First		Middle	% Owned	Mailing Address	City	State Zip
La	st .	First		Middle	% Owned	Mailing Address	City i	State Zip
							City	State Zip
				Middle ner listed will a			City :	State Zip
Partn								State Zip
Partn	ership Nar	ne; (Only the	first partn	er listed will a	appear on lic	anse)		
Partn Genera	ership Nar	ne; (Only the	first partn	er listed will a	appear on lic	anse)		
Partn Genera	ership Nar	ne; (Only the	first partn	er listed will a	appear on lic	anse)		
Partn Genera	ership Nar	ne; (Only the	first partn	er listed will a	appear on lic	anse)		
Partn Genera	ership Nar	ne; (Only the	first partn	er listed will a	appear on lic	anse)		
Partn Genera	ership Nar	ne; (Only the	first partn	er listed will a	appear on lic	anse)	City S	
Partn Genera	ership Nar	ne: (Only the	first partn	ner listed will a	appear on lice % Owned	Mailing Address Mailing Address) Y fits/losses of the business?	City S	State Zip
Partn Genera C C C C C C C C C C C C C C C C C C	ership Nar	ne: (Only the	first partn	ner listed will a	appear on lice % Owned	Malling Address Malling Address) Y fits/losses of the business? the person(s). Use addition	City S	State Zip
Partn Genera C C C C C C C C C C C C C C C C C C	ership Nar	ne: (Only the	first partn	ner listed will a Middle o, going to sha and telephone	appear on lice % Owned are in the proenumber of	Malling Address Malling Address) Y fits/losses of the business? the person(s). Use addition	R A S S E	State Zip E C E N F I
Partn Genera C C C C C C C C C C C C C C C C C C	ership Nar	ne: (Only the	first partn	ner listed will a Middle o, going to sha and telephone	appear on lice % Owned are in the proenumber of	Malling Address Malling Address) Y fits/losses of the business? the person(s). Use addition	R A S S E	State Zip E C E N F I

*13 SEP 20 Ligr. Lic. PM1223

EACH PERSON LISTE FEE FOR EACH CAR COF	RD. PRPORATION Co .C. Complete 1, 2, 4	PLETED QUESTIONNAIRE (F Complete questions 1 4, 5, 6, 7, and 8.	1, 2, 3, 5, 6, 7,	_	
1. Name of Cor	rporation/L.L.C.:	The acit appears on Ar	**-doe of tocomorat	tion or Articles of Organization)	
					to temperatural ind. and
•				corporated/Organized: Date authorized to do busir	
•					
			Date	e authorized to do business in A	AZ:
•	.C. Non-profit? TYE		· <u>-</u>		
List all direct Last	tors, officers and me	embers in Corporation Middle	n/L.L.C.: Title	Mailing Address	City State Zip
LASHLEY	DAWN	LEE	DIRECTOR		
LASHLEY	ROBERT	JOHN	DIRECTOR		
LASTILLI	NUBLAT	JUIN	Director		
		/ATTACH /	POITIONAL SHE	EET IF NECESSARY)	
7 List stockhol	lders who are contro	ATTACH A Olling persons or who		more:	
Last	First	Middle	% Owned	Mailing Address	City State Zip
			+		
			+		
		ed by another entity,	attach a perce	ET IF NECESSARY) entage of ownership chart, and ded in order to disclose perso	
EACH PERSON LISTE FOR EACH CARD.		LETED QUESTIONNAIRE (FI	ORM LICO101), AN "	"APPLICANT" TYPE FINGERPRINT CAR	
Name of Clu		ars on Club Charter or Byla	laws)	Date Chartered (Attach a	d: a copy of Club Charter or Bylaws)
2. Is club non-p	· · · · -				.,
3. List officer a					
Last	First	Middle	Title	Mailing Address	City State Zip
					
					
l				<u> </u>	

EACH PERSON LIST		-	(FORM LICO101), AN	I "APPLICANT" TYPE FINGERPRINT CAR	
FEE FOR EACH CAR		omplete questions	s 1, 2, 3, 5, 6, 7,	*13 SEP 19 Ligr. Dept. AH1 and 8.	126
	C. Complete 1, 2,	4, 5, 6, 7, and 8.			
1. Name of Cor	rporation/L.L.C.: 5	ractly as it appears on A	rticles of Incorporat	ALT RACING TEAM-TUCSON) ion or Articles of Organization)	
2. Date Incorpo	·	• • •	•	corporated/Organized: ARIZONA	
	ion Commission File			Date authorized to do busine	
4. AZ L.L.C. Fil	e No:		Date	e authorized to do business in Az	<u> 7</u> :
5. Is Corp./L.L.	C. Non-profit? 🗆 YE	ES ⊠NO			
6. List all direct	ors, officers and me First	mbers in Corporatio	on/L.L.C.: Title	Mailing Address	City State Zip
LASHLEY	DAWN	LEE	MEMBER	6262 N CAMINO VERDE	TUCSON AZ 85743
LASHLEY	JOHN	ROBERT	MEMBER	6262 N CAMINO VERDE	TUCSON AZ 85743
		(ATTACH	ADDITIONAL SHE	ET IF NECESSARY)	
7. List stockhole	ders who are contro	·	o own 10% or r	nore:	•
Last	First	Middle	% Owned	Mailing Address	City State Zip
LASHLEY	DAWN	LEE	50%	6262 N CAMINO VERDE	TUCSON AZ 85743
LASHLEY	JOHN	ROBERT	50%	6262 N CAMINO VERDE	TUCSON AZ 85743
<u></u>	- 1-25	(ATTACH	ADDITIONAL SHE	ET IF NECESSARY)	
•		•	•	entage of ownership chart, and a ded in order to disclose persona	
EACH PERSON LISTE	Club Applicants:	ETED QUESTIONNAIRE (FORM LICO101), AN '	'APPLICANT" TYPE FINGERPRINT CARD,	AND \$22 PROCESSING FEE
for each card. 1. Name of Clu	b:	•		Date Chartered:	
1. 1101110 01 010		rs on Club Charter or B	ylaws)	-	py of Club Charter or Bylaws)
2. Is club non-p	orofit? 🗆 YES 🗆] NO			
3. List officer ar		BA:JJI_	Tal.	AX-W- A Mar-	07/2 01 1 =
Last	First	Middle	Title	Mailing Address	City State Zip

1. Current Licensee's Name: 2. Assignee's Name: 3. License Type: 4. ATTACH TO PILS APPLICATION A CERTIFIED COPY OF THE WILL. PROBATE DISTRIBUTION INSTRUMENT. OR DIVORCE Decrete THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION. SECTION 10 Governments: (for cities, towns, or counties only) 1. Governmental Entity: 2. Person/designee: List: First: Middle ASEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED. SECTION 11 Person to Person Transfer: Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09). 1. Current Licensee's Name: Exactly as it appears on illowers) 3. Current Business Name: (Exactly as it appears on illowers) 4. Physical Street Location of Business: Street City, State, Zip 5. License Type: License Type: License Number: City, State, Zip Alexa all creditors, lien holders, interest holders, etc. been notified of this transfer? (Other than one license to the applicant, interest holders, etc. been notified of this transfer? (Other than husiness) A Have all creditors, lien holders, interest holders, etc. been notified of this transfer? (Other than husiness) A Have all creditors, lien holders, interest holders, etc. been notified of this transfer? MYES NO if yes, complete Section 5 of this application, attach fee, and current license to this application. A Have all creditors, lien holders, interest holders, etc. been notified of this transfer? MYES NO if yes, complete Section 5 of this application, attach fee, and current license to this application. A hereby authorize the department to process this application to transfer if your file of this property rights of the license by the date of issue. (Other than nume) (Othe	SECTION 9 Probate, W 1. Current Licensee's Name	_		-		
3. License Type: License Number: Date of Last Renewal: 4. ATTACHTOTHIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION. SECTION 10 Governmental Entity: AND Last First Middle Contact Phone Number A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED. SECTION 11 Person to Person Transfer: Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09). 1. Current Licensee's Name: PREVOST ROBERT Entity: AGENT (Indiv., Agent, etc.) (Exactly as it appears on license) 3. Current Business Name: (Exactly as it appears on license) 4. Physical Street Location of Business: Street City, State, Zip 5. License Type: License to be transfered: License Type: License Number: 7. Current Mailing Address: (Other than business) 6. If more than one license to be transfered: License Type: License Number: 7. Current Mailing Address: (Other than business) City, State, Zip 8. Have all creditors, licen holders, interest holders, etc. been notified of this transfer? ▼YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application is pending? ▼YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application. 10. 1. (crint Milling Address: (Other than nown) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillinent of thes conditions, I certify that the applicant, provided that all terms and conditions of sale are met. Based on the fulfillinent of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue. 1. (crint Milling Address) (Gignature of CURRENT LICENSEE) The foregoing instrument was acknowledged before me to the power of CURRENT LICENSEE) The foregoing instrument was acknowledged before me to the power	• • • • • • • • • • • • • • • • • • • •		Last	IO OF HISE	ivilaale	
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION NISTRUMENT, OR DIVORCE DEGREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION. SECTION 10 Governmental Entity: A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED. SECTION 11 Person to Person Transfer: Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 05,07, and 09). 1. Current Licensee's Name: (Exactly as it appears on license) Last First Middle Middle Entity: AGENT (Exactly as it appears on license) Corporation/L.L.C. Name: (Exactly as it appears on license) City, State, Zip License Number: City, State, Zip License Number: City, State, Zip License Number: City, State, Zip Aleve all creditors, liten holders, interest holders, etc. been notified of this transfer? First City, State, Zip Does the application, stach fee, and current license to this application is pending? Fixed than name) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulliment of these conditions, I certify that the applicant, provided that all terms and conditions of sale are met. Based on the fulliment of these conditions, I certify that the applicant now owns or will own the property dights of the license by the date of issue. I, (point full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. My commission expires on: My commission expires on:	2. Assignee's Name:	Last		First	Middle	
SECTION 10 Government: (for cities, towns, or counties only) 1. Governmental Entity: 2. Person/designee: Last ABEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED. SECTION 11 Person to Person Transfer: Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 05,07, and 09). 1. Current Licensee's Name: (Exactly as it appears on license) Corporation/L. L. C. Name: (Exactly as it appears on license) 3. Current Business Name: (Exactly as it appears on license) 4. Physical Street Location of Business: Street City, State, Zip 5. License Type:	•••		-			
1. Governmental Entity: Last First Middle Contact Phone Number A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED. SECTION 11 Person to Person Transfer: Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09). 1. Current Licensee's Name: (Exactly as it appears on licensee) Last First Middle Entity: AGENT (Indiv., Agent, etc.) 2. Corporation/L.L.C. Name: (Exactly as it appears on licensee) 3. Current Business Name: (Exactly as it appears on licensee) 4. Physical Street Location of Business: Street City, State, Zip 5. License Type: License Number: 7. Current Mailing Address: (Other than business) City, State, Zip 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? 9. Does the applicant intend to operate the business while this application is pending? 10. I, (print full name) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfilliment of thes conditions, I cartify that the applicant now owns or will own the property rights of the license by the date of issue. 1. I, (print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. State of						ORCE
2. Person/designee:		•				
Last First Middle Contact Phone Number A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED. SECTION 11 Person to Person Transfer: Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09). 1. Current Licensee's Name: PREVOST ROBERT Entity: AGENT (Indiv., Agent, etc.)	Governmental Entity:		ANE			
SECTION 11 Person to Person Transfer: Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09). 1. Current Licensee's Name: PREVOST ROBERT Entity: AGENT (Indiv., Agent, etc.) Coacty as it appears on licensee Last First Middle Entity: AGENT (Indiv., Agent, etc.)	2. Person/designee:	Last	First	Middle	Contact Phone N	lumber
Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09). 1. Current Licensee's Name: PREVOST ROBERT	A SEPARATE LICENSE	MUST BE OBT	AINED FOR EACH	PREMISES FROM WHIC	H SPIRITUOUS LIQUOR	IS SERVED.
1. Current Licensee's Name: (Exactly as it appears on license) 2. Corporation/L.L.C. Name: (Exactly as it appears on license) 3. Current Business Name: (Exactly as it appears on license) 4. Physical Street Location of Business: Street City, State, Zip 5. License Type: License Number: (Charet Han one license to be transfered: License Type: License Number: City, State, Zip 5. License Type: License Number: City, State, Zip 6. If more than one license to be transfered: License Type: License Number: City, State, Zip 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? 9. Does the applicant intend to operate the business while this application is pending? 9. Does the applicant intend to operate the business while this application. 10. I, (print full name) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of thes conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue. I, (print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. State of County of (Signature of CURRENT LICENSEE) My commission expires on: (Signature of Signature of Sign	SECTION 11 Person to I	erson Transfe				
1. Current Licensee's Name: (Exactly as it appears on license) 2. Corporation/L.L.C. Name: (Exactly as it appears on license) 3. Current Business Name: (Exactly as it appears on license) 4. Physical Street Location of Business: Street City, State, Zip 5. License Type: License Number: (Charet Han one license to be transfered: License Type: License Number: City, State, Zip 5. License Type: License Number: City, State, Zip 6. If more than one license to be transfered: License Type: License Number: City, State, Zip 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? 9. Does the applicant intend to operate the business while this application is pending? 9. Does the applicant intend to operate the business while this application. 10. I, (print full name) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of thes conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue. I, (print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. State of County of (Signature of CURRENT LICENSEE) My commission expires on: (Signature of Signature of Sign	Questions to be completed	by CURRENT I	ICENSEE (Bars at	nd Liquor Stores ONLY	'-Series 06.07. and 09).	
Composition Licinses Name Last First Middle (Indiv., Agent, etc.)	•	DDEMOCT	•	•	•	
(Exactly as it appears on license) 3. Current Business Name: (Exactly as it appears on license) 4. Physical Street Location of Business: Street City, State, Zip 5. License Type: License Number: 07100283 6. If more than one license to be transfered: License Type: License Number: 7. Current Mailing Address: (Other than business) City, State, Zip 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? 9. Does the applicant intend to operate the business while this application is pending? 5 of this application, attach fee, and current license to this application. 10. I, (print full name) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of thes conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue. I, (print full name) (print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. State of County of (Signature of CURRENT LICENSEE) Myes mumber: License Number: License Number: License Number: Attention Syres No. WYES NO. If yes, complete Section of the section of transfer the department to process this application to transfer the conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue. I, (print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. State of County of (Signature of CURRENT LICENSEE) The foregoing instrument was acknowledged before me the confirmation of the confirmation of the conditions of the confirmation of the confirmation of the conditions of the condition of the conditions of the conditions of the condition of the conditions of the condition of the cond		···		Middl	e Entity: Additi	, Agent, etc.)
(Exactly as it appears on license) 4. Physical Street Location of Business: Street	2. Corporation/L.L.C. Name:				· · · · · · · · · · · · · · · · · · ·	
City, State, Zip	3. Current Business Name:		ppears on license)			
City, State, Zip	4. Physical Street Location o		•			
5. License Type: License Number:	, ,					
6. If more than one license to be transfered: License Type:License Number:	5. License Type:	- ·	•			
City, State, Zip 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer?					nse Number:	
City, State, Zip 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer?	7 Current Mailing Address:	Stre	e t			
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? 9. Does the applicant intend to operate the business while this application is pending? 9. YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application. 10. I,			-			
9. Does the applicant intend to operate the business while this application is pending? YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application. 10. I,		City, State, Z	p			
5 of this application, attach fee, and current license to this application. 10. I,	8. Have all creditors, lien hold	ders, interest ho	lders, etc. been not	ified of this transfer?	☑ YES ☐ NO	•
(print full name) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of thes conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue. I,, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER (print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. State of County of The foregoing instrument was acknowledged before me the foregoing instrument was acknowledged before					☑ YES ☐ NO If yes, co	mplete Section
(print full name) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of thes conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue. I,, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER (print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. State of County of The foregoing instrument was acknowledged before me the foregoing instrument was acknowledged before	10. l,		, hereby	authorize the departme	ent to process this applica	ition to transfer the
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. State of County of	(print full name) privilege of the license to	the applicant, p	rovided that all term	ns and conditions of sale	e are met. Based on the f	ulfillment of these
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete. State of County of	l,		, declare t	that I am the CURRENT	OWNER, AGENT, MEM	BER, PARTNER
State ofCounty of (Signature of CURRENT LICENSEE) The foregoing instrument was acknowledged before me the state of	STOCKHOLDER, or LICE	NSEE of the sta				
(Signature of CURRENT LICENSEE) The foregoing instrument was acknowledged before me the second seco	tide, correct, and complet	.		State of	County of	
My commission expires on:(Signature of NOTARY PUBLIC)	(Signature of C	URRENT LICENSE	E)			
(Signature of NOTARY PUBLIC)	My commission expires on:			Day	Month	Year
			-	(Sign:	ature of NOTARY PUBLICY	

 Current Licensee's Name (Exactly as it appears on license) 	:Last	First First C	19 (ig., lept #41475) Ligr, lept Hollder
Assignee's Name:		13 115 6	L- F. All
		First	Middle
3. License Type:			of Last Renewal:
	FION A CERTIFIED COPY OF THE W LLY DISTRIBUTES THE LIQUOR LIC		
SECTION 10 Government	nt: (for cities, towns, or countie	s only)	
Governmental Entity:			
2. Davas v /dasignas:			
2. Person/designee:	Last Firs	t Mi ddle	Contact Phone Number
A SEPARATE LICENSE	MUST BE OBTAINED FOR EACH	I PREMISES FROM WHIC	H SPIRITUOUS LIQUOR IS SERVED.
SECTION 11 Person to I	Person Transfer:		
Questions to be completed	by CURRENT LICENSEE (Bars	and Liquor Stores ONLY	-Series 06,07, and 09).
1. Current Licensee's Name:	4135	स्राट्य	Entity: AGENT
(Exactly as it appears on license)	Last First	Middle	
2. Corporation/L.L.C. Name:	(Exactly as it appears on license)	NG ENTERP	RISES CC
3. Current Business Name:	Telopo a Docin	SE ENTERPI	West He
	(Exactly as it appears on license)		
4. Physical Street Location o	f Business: Street <u>1955</u>	S. HA BRIS	SON 1801.
	City, State, Zip	on, Az 85	5747
5. License Type: <i>57 B</i>	License Number:	<u>07100 283</u>	
′	•	Licen	aa Numban
o. Il filore than one license to	,. <u></u>		
7. Current Mailing Address:	Street_ <u>4502</u>	E. SIERRA S	UNSET JBL
(Other than business)	City, State, Zip CAVE	CREEK AZ	8533]
3. Have all creditors, lien hole	ders, interest holders, etc. been n	otified of this transfer? 1	Ý YES □ NO
ŕ		-	☐ YES ☐ NO If yes, complete Section
	th fee, and current license to this		
10. I, KOBERST	REVOST , here	by authorize the departme	nt to process this application to transfer
(print full name)			
	the applicant, provided that all tell expelicant now owns or will own		are met. Based on the fulfillment of the icense by the date of issue.
1 ROBERT	1. 1		OWNER, AGENT, MEMBER, PARTNE
(print full name))		
true, correct, and complete	- / \ -	ve read the above section	11 and confirm that all statements are
		S CREUE State of AR	21 ZOARounty of MARICOA
(Signature of	ASSERT IN NOTAHY PU	BLIC - ARIZOTH eforegoing in pa County	strument was acknowledged before me
	My Comm	ission Expires per 28, 2016	NOV. 20/2
My commission expires on:_	8507, 28, 201	Day	Month Year
.,		<u> </u>	

SECTION 12 Location to Loc APPLICANTS CANNOT OPERATE UND	cation Transfer: ER A LOCATION TR	(Bars and Liquor S ANSFER UNTIL IT IS AF	Stores ONLYT 19 Li	er. Dept M11:26 8 Lier. Dept M12	30
Current Business:	Name				
(Exactly as it appears on license)	Address				
2. New Business:	Name				
(Physical Street Location)	Address				
3. License Type:	Łicense Numb	oer:			
4. If more than one-license to be	transferred: Licen	se Type:	License	Number:	
5. What date do you plan to move	e?	<u>)</u>	_ What date do you pla	an to open?	
SECTION 13 Questions for restaurant lice	all in-state applenses (series 5,	icants <u>excluding t</u> 11, and 12):	hose applying for go	vernment, hotel/m	otel, and
A.R.S. § 4-207 (A) and (B) state that no re he director, within three hundred (300) ho tindergarten programs or grades one (1) t The above paragraph DOES NOT apply to	rizontal feet of a chur hrough (12) or within	ch, within three hundred	l (300) horizontal feet of a p	ublic or private school b	uilding with
a) Restaurant license (§ 4-205.02) b) Hotel/motel license (§ 4-205.01)			vernment license (§ 4-205. nced playing area of a golf o		
Distance to nearest school:	35,137 ft. Ar	Name of school	CiVAND M S. Houghton V. City, State	i po le Schoo ail Az 850 Zip	() 41 CHIRCH
2. Distance to hearest church:	<u>JJ, Jal.5</u> π.	Name of church C	ORDNA DE JUZS	Val 42 8	CHURCH W
2. Distance to nearest church:	- A	udiess 700 2	City, State	, Zip	3671
3.1 am the: Lycessee L	⊥ Sublessee ∟	」Owner ∐ Puro	chaser (of premises)		
4. If the premises is leased give le	essors: Name Address		ST PAIR CO	TUCSON A	<u>n</u> z 85747
	<i>1</i>		City, State, 2	Zip	200111
4a. Monthly rental/lease rate \$_			g length of the lease	yrsmos.	
4b. What is the penalty if the least		/ '	·-	ch additional sheet if n	ecessary)
What is the total <u>business</u> indeb Please list lenders you owe more		ense/location exclud	ing the lease? \$		•
Last First	Middle	Amount Owed	Mailing Address	City State	Zip
NA					
•				·	
	(ATTAC	CH ADDITIONAL SHEET	IF NECESSARY)	, , ,	
6. What type of business will this	license be used for	or (be specific)?	CAR RACE	= TRACK	-

S	ECTION 13 - continued
7.	Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? □ YES 図 NO If yes, attach explanation.
8.	Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? 🛘 YES 🗵 NO
9.	Is the premises currently licensed with a liquor license? ☑ YES ☐ NO If yes, give license number and licensee's name:
Lic	cense # 07100283 (exactly as it appears on license) Name ROBERT PREVOST
_	
S	ECTION 14 Restaurant or hotel/motel license applicants:
1	Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO If yes, give the name of licensee, Agent or a company name:
	and license #: Last First Middle
2	Last First Middle If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3	All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4	As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this \Box hotel/motel \Box restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.
	applicant's signature
ل	As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for you inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.
	applicants initials
-	ECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form) Check ALL boxes that apply to your business:
1.	Entrances/Exits
	☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2.	If yes, what is your estimated opening date?
3.	month/day/year Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including
υ.	the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4.	The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5.	Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises,

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 boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

such as parking lots, living quarters, etc.

ppicants initials

If a legible copy of a re	uarters, etc. \ ndering or draw	When con wing of you	npleting diag ur diagram of	gram, North is ເ premises is atta	ched to this
application, please	e write the word	us diagrar	n attached ii	n box provided b	elow.
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	DI	AGRAM AT	'TACHED		
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CTION 16 Signature Bloc	; k				
JOHN ROBERT LASHLEY	•	haraby da	olara that I av	- the OMMITTIA	OFNE Glima thin
(print full name of applicant)				n the OWNER/A	•
lication as stated in Section e, correct and complete.	n 4, Question 1	. I have re	ead this appli	cation and verify	/ all statements t
				•	•
(signature of applicant listed in Section	4. Question 1)				
Eva-Mirisa Rodi		State of	ARIZONA	A County o	of PIMA
Notary Public - A	irizona 1		VA - MA - VA	rument was acknowle	
Pima Count	Expires P	1	no ioregonig irist	idilicii: was ackilowie	agea beinte me mis
May 22, 2010	6.		26 -	יייין אַ אַ דייין אָר	2012
My Commission E			26 of Day	AUGUST Month	, <u>2013</u> Year

1 ATTACHMENT 13 SEP 19 Ligh. DOM SPEEDWAY 1/9555 HARRISON 10450N AZ 85747 Lier, mer midizu RACE 133 图寫 BLEAGUERS/Vip ENTRY/EXIT
TO LA RACE PEACE

GATE ENTRY/EXIT TO LIPRACE TRACK