

Pima County Clerk of the Board

Julie Castañeda

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) 791-6666

Melissa Manriquez
Deputy Clerk

February 9, 2017

Catherine Ann Preble
Brewd Coffee Lounge
2346 S. Camino Seco Avenue
Tucson, AZ 85710

RE: Arizona Liquor License No.: 12104488
d.b.a. Brewd Coffee Lounge

Dear Ms. Preble:

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 January 11, 2017. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, February 21, 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 cursive script that reads "Julie Castañeda".

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

PREPARED BY: [Signature]
 APPROVED BY: [Signature]

AFFIDAVIT OF POSTING

Date of Posting: 1-17-17 Date of Posting Removal: 2-9-17

Applicant's Name: **Brewd Coffee Lounge**
Preble Catherine Ann
Last First Middle

Business Address: **4960 N. Sabino Canyon Road Tucson 85750**
Street City Zip

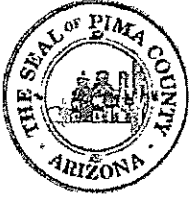
License #: 12104488

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.

Armando Torres Process Server 520-306-8603
Print Name of City/County Official Title Phone Number

[Signature] #7054 2-9-17
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: Ricci Romero 
Administrative Support Specialist Senior
DATE: January 11, 2017
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Catherine Ann Preble
d.b.a. Brewd Coffee Lounge
4960 N. Sabino Canyon Road
Tucson, AZ 85750

Arizona Liquor License No. 12104488
Series 12, Restaurant
New License
Person Transfer
Location Transfer

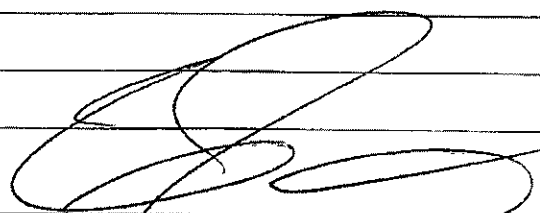
ZONING REPORT

DATE: 1/13/17

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

JAN 13 11 17 AM '17 PIMA COUNTY CLERK OF BOARD 



Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez
Deputy Clerk

Administration Division
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Tucson, AZ 85701
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Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Ricci Romero *RR*
Administrative Support Specialist Senior

DATE: January 11, 2017

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Catherine Ann Preble
d.b.a. Brewd Coffee Lounge
4960 N. Sabino Canyon Road
Tucson, AZ 85750

Arizona Liquor License No. 12104488
 Series 12, Restaurant
 New License X
 Person Transfer
 Location Transfer

SHERIFF'S REPORT

DATE: 01/27/17

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

- NOTHING NOTED

[Signature] #1226
 Investigative Support Unit Supervisor

When complete, please return to cob_mail@pima.gov

JAN 27 11 00 AM '17
6K



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

17-01-9277

17 JAN 6 11:47 AM 2016

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. 5-44-6852)

SECTION 1 This application is for a:

- Interim Permit (Complete Section 5)
- New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
- Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
- Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
- Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
- Government (Complete Sections 2, 3, 4, 10, 13, 16)
- Seasonal

SECTION 2 Type of Ownership:

- J.T.W.R.O.S. (Complete Section 6)
- Individual (Complete Section 6)
- Partnership (Complete Section 6)
- Corporation (Complete Section 7)
- Limited Liability Co (Complete Section 7)
- Club (Complete Section 8)
- Government (Complete Section 10)
- Trust (Complete Section 6)
- Tribe (Complete Section 6)
- Other (Explain) _____

SECTION 3 Type of license

1. Type of License: Restaurant

LICENSE # 12 12104488

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Preble, Catherine Ann P1077513
Last First Middle
2. Owner Name: Connections Coffee, LLC B1058031
(Ownership name for type of ownership checked on section 2)
3. Business Name: Brewd Coffee Lounge B1058032
(Exactly as it appears on the exterior of premises)
4. Business Location Address: 4960 N. Sabino Canyon Road Tucson, AZ 85750 Pima
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: 2346 S. Camino Seco Ave. Tucson, AZ 85710
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: 520.623.2336 Daytime Contact Phone: 520.271.7447
7. Email Address: connectionscoffee@gmail.com
8. Is the Business located within the incorporated limits of the above city or town? Yes No
9. 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: N/A
10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ N/A

Fees: <u>\$100</u>	<u>—</u>	Department Use Only <u>\$50</u>	<u>\$22</u>	<u>\$172.00</u>
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Accepted by: <u>[Signature]</u> Date: <u>1/6/17</u> License # <u>12104488</u>				

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

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? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ (Print Full Name)	declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.
X _____ (Signature of CURRENT Individual Owner/Agent)	State of _____ County of _____ The foregoing instrument was acknowledged before me this _____
My commission expires on: _____ Date	_____ of _____ Day Month Year
_____ Signature of NOTARY PUBLIC	

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business? Yes No
 If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

General-Limited	Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

- Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7
 L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C: Connections Coffee LLC

2. Date Incorporated/Organized: 5/7/2010 State where Incorporated/Organized: Arizona

3. AZ Corporation or AZ L.L.C File No: L16015506 Date authorized to do Business in AZ: 5/7/2010
5/12/2010 CAP

4. Is Corp/L.L.C. Non Profit? Yes No

5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Preble,	Catherine	Ann	Member	2346 S. Camino Seco Ave.	Tucson, AZ	85710	
			Managing Member				

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Preble,	Catherine	Ann	100	2346 S. Camino Seco Ave.	Tucson, AZ	85710	

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: _____ Entity: _____
Last First Middle (Individual, Agent, Etc.)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? Yes No

8. Does the applicant intend to operate the business while this application is pending? Yes No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) _____ hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these 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) _____, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

NOTARY

X _____
(Signature of CURRENT Individual Owner/Agent)

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

My commission expires on: _____
Date

_____ Of _____ / _____
Day Month Year

Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School
Questions to be completed by all in-state 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) Restaurant license (§ 4-205.02) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18
- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 1 mile Name of School: Canyon View Elementary School
(if less than one (1) mile note footage) Address: 5725 N. Sabino Canyon Road, Tucson, AZ 85750

2. Distance to nearest Church: 1.6 miles Name of Church: St. Alban's Episcopal Church
(if less than one (1) mile note footage) Address: 3738 N. Sabino Canyon Road, Tucson, AZ 85750

SECTION 14 Business Financials

1. I am the: Lessee Sub-lessee Owner Purchaser Management Company

2. If the premise is leased give lessors: Name: J Daniels LLC c/o Paul Ash Management Co.
 Address: 3499 N. Campbell Ave, St. 907, Tucson, AZ 85719
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 2750.00

4. What is the remaining length of the lease? Yrs. 2 Months 4

5. What is the penalty if the lease is not fulfilled? \$ - or Other: Balance of lease, if default
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 30,000
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Tipton, Larry			10,000	3636 W. Richmond Vista Dr., Marana, AZ		AZ	85658
Preble, Lou-Ann			20,000	2100 S. Cathy Ave., Tucson, AZ		AZ	85710

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
Coffee house with beer, wine and minimal liquor service

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? Yes No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? Yes No

10. Is the premises currently license with a liquor license? Yes No

If yes, give license number and licensee's name:
 License #: _____ Individual Owner /Agent Name: _____
(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

- 1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No
- 2. 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 provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this Restaurant Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.


(Applicant's Signature)

- 5. 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 your 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.


(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- Entrances/Exits Liquor storage areas **Patio:** Contiguous
- Walk-up windows Drive-through windows Non Contiguous

- 1. Is your licensed premises currently closed due to construction, renovation or redesign? Yes No
If yes, what is your estimated completion date? _____
Month/Day/Year
- 2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
- 3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
- 4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.
- 5. **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 boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.**

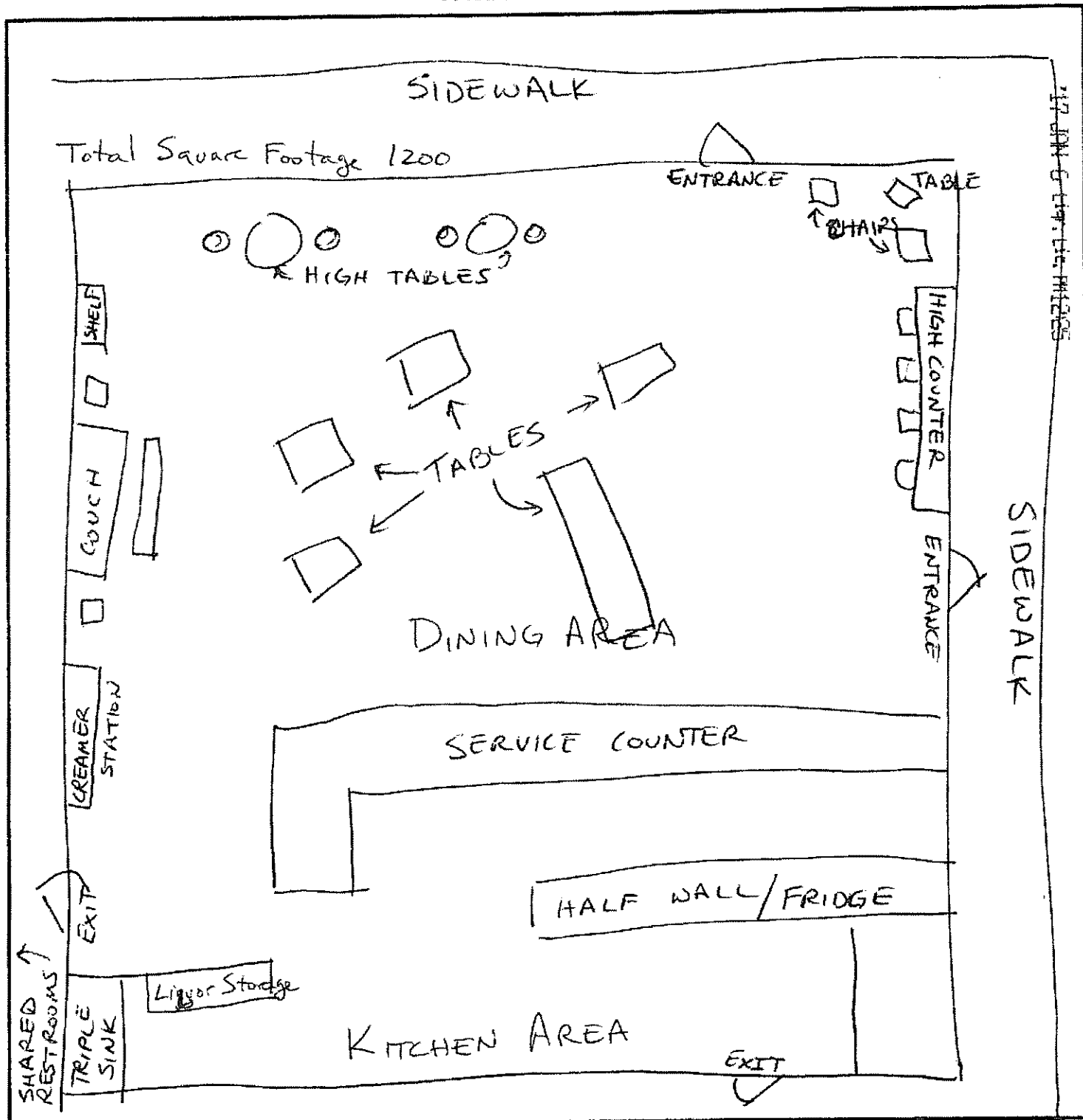

(Applicant's Initials)

SECTION 16 Diagram of Premises – continue

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

DIAGRAM OF PREMISES



SECTION 17 SIGNATURE BLOCK

NOTARY

I, (Print Full Name) Catherine Ann Preble, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X *Catherine Ann Preble*
(Signature of CURRENT Individual Owner/Agent)

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

My commission expires on: August 13, 2017
Date

8th of August, 2016
Day Month Year



Mary T. Preble
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.

BEVERAGES

COFFEE & TEA

12-oz / 16-oz / 20-oz
 Coffee 1.50 / 2.00 / 2.50
 Tea 1.75 / 2.25 / 2.75
 Chai Tea Latte 3.25 / 3.75 / 4.25

Bottomless Coffee ~ in-house 2.50
 Pour-over House Coffee ~ 16oz 3.50

BLENDED DRINKS

12-oz / 16-oz / 20-oz*
 Flavored Frappe * 3.75 / 4.25 / 4.75
 Chai Tea Latte * 3.50 / 4.00 / 4.50
 Smoothie * 4.00 / 4.50 / 5.00
 Arctic Lemonade 3.75 / 4.25 / 4.75
 * w/whip

ICE CREAM DRINKS

12-oz / 16-oz / 20-oz*
 Coffee 2.00 / 2.50 / 3.00
 Tea 2.25 / 2.75 / 3.25
 Mocha w/whip 3.50 / 4.00 / 4.50
 Chai Tea Latte 3.25 / 3.75 / 4.25
 Italian Soda 2.00 / 2.50 / 3.00
 Italian Cream Soda 2.50 / 3.00 / 3.50

ESPRESSO DRINKS

Espresso Single / double / triple / quad
 1.75 / 2.25 / 2.75 / 3.25

5-oz / 12-oz / 16-oz / 20-oz
 Latte 2.50 / 3.00 / 3.50 / 4.00
 Mocha 3.00 / 3.50 / 4.00 / 4.50
 Cappuccino 2.50 / 3.00 / 3.50 / 4.00
 Flavored Latte 3.00 / 3.50 / 4.00 / 4.50
 Americano 2.25 / 2.75 / 3.25 / 3.75
 Machiatto 2.25 / 2.75 / 3.00 / 0.00
 Caramel Machiatto 3.75 / 4.25 / 4.75
 Red Eye ~ 2 shots 2.75 / 3.25 / 3.75
 Hot Cocoa 1.50 / 2.00 / 2.50

TEA FLAVORS

English Breakfast
 Irish Breakfast
 Prickly Pear Herbal
 Prickly Pear Black
 Sencha Green
 Relaxing Mint
 Plum Blossom White
 Chai
 Earl Grey
 Lady Grey
 Blue Lady Black
 Decaf English Breakfast
 Passion Fruit
 Vanilla Spice
 Zesty Grass Green

LATTE FLAVORS

Chocolate*
 French Vanilla*
 Hazelnut*
 Caramel*
 Brown Sugar / Cinnamon
 Peppermint
 White Chocolate
 Amaretto
 Raspberry
 Almond
 Banana
 *Available in Sugar Free also
 Also, Seasonal Flavors



4960 N. Sabino Canyon Road
 Tucson, AZ 85750
 520.623.2336
 www.brewd.us

BREAKFAST

BIRD CANYON PANINI 5.50

egg whites, cheese on artisan bread

BREAKFAST CANYON

PANINI 6.00

egg whites, turkey bacon or veggie sausage, cheese on artisan bread

PUSCH RIDGE PANINI 6.50

egg whites, turkey bacon & veggie sausage, cheese on artisan bread

* * bread options: whole grain or gluten-free

** cheese options: cheddar, pepperjack or provolone

YOGURT WITH GRANOLA &

BERRIES 4.75

low-fat vanilla Greek yogurt with granola and berries

OATMEAL WITH

TOPPINGS 3.50

steel cut oatmeal with brown sugar, almond slivers and raisins

AMAZING FRENCH TOAST 6.50

three slices cinnamon-swirl bread toasted w/powdered sugar & syrup

PASTRIES VARIES

A constantly changing assortment of delicious pastries to enjoy, including macarons, muffins, biscotti, rugelach, fruit turn-overs, brownies, cookies, cake balls, scones and more.

BAGEL WITH CREAM CHEESE

OR HAZELNUT SPREAD 3.00

choice of bagel with cream cheese or hazelnut spread

Sandwiches

SADDLEBACK RIDGE

PANINI 6.00

roasted turkey, brie cheese, red pepper jelly on artisan bread

CAPRESE PANINI 5.00

roma tomatoes, mozzarella cheese, basil & balsamic vinaigrette on artisan bread

RATTLESNAKE CANYON

PANINI 6.00

seasoned chicken breast, bacon, cheddar & pepper jack cheeses on artisan bread

ESPERERO CANYON

PANINI 6.50

seasoned chicken breast, green chilis, & pepper jack cheese on artisan bread

CHEESY CHEESE PANINI 4.50

choice of cheddar, provolone, or pepper jack cheese on artisan bread

PB&J PANINI 4.00

creamy, all-natural peanut butter & strawberry jam on whole grain bread

* * bread options: whole grain or gluten-free

** cheese options: cheddar, pepperjack or provolone

Salads

HUTCH'S POOL SALAD 6.00

mixed greens, grape tomatoes, feta cheese, dried cranberries, almond slivers and raspberry vinaigrette dressing

K.P. SPECIAL SALAD 6.50

seasoned chicken breast, turkey bacon, tomatoes on spring mixed greens w/avocado spread

VEGGIES W/HUMMUS 5.00

mini sweet peppers, carrots, celery & grape tomatoes w/hummus for dipping

CAPRESE SALAD 4.50

mozzarella cheese, basil, roma tomato, oil and balsamic vinegar

AZ CORPORATION COMMISSION
FILED



MAY 07 2010

FILE NO. 110015006

**ARTICLES OF ORGANIZATION
OF
CONNECTIONS COFFEE, LLC**

We, the undersigned organizers, having associated ourselves together for the purpose of forming a limited liability company under the laws of the State of Arizona, hereby adopt the following Articles of Organization.

ARTICLE I

NAME: The name of the limited liability company is **CONNECTIONS COFFEE, LLC.**

ARTICLE II

PURPOSE: The purpose for which this limited liability company is organized is the transaction of any and all lawful business for which limited liability companies may be organized under the laws of the State of Arizona, as they may be amended from time to time. The initial business of the limited liability company is to open and run a retail coffee house.

ARTICLE III

KNOWN PLACE OF BUSINESS: The address of the registered office in Arizona is 1346 E. Camino Seco, Tucson, AZ 85710, located in the County of PIMA.

ARTICLE IV

STATUTORY AGENT: The name and address of the initial agent for service of process is:

Catherine Ann Preble
2346 E. Camino Seco
Tucson, AZ 85710

ARTICLE V

There are or will be one or more members at the time the limited liability company is formed.

ARTICLE VI

The latest date on which the limited liability company is to dissolve is December 31, 2040, but can be immediately reformed by a majority of the voting interest at that time.

ARTICLE VII

Management of the limited liability company is vested in a manager or managers.

17 JAN 6 11:41 AM '25

ARTICLE VIII

The name and address of each person who is a Manager and each Member who owns a twenty percent or greater interest in the capital or profits of the limited liability company at the time of formation of the limited liability company is:

Catherine Ann Preble
2346 S. Camino Seco
Tucson, AZ 85710

ARTICLE IX

PRIVATE PROPERTY EXEMPT: The private property of the officers and directors of this company shall be exempt from liability for its debts and obligations.

IN WITNESS THEREOF, we have executed these Articles of Organization on this 5th day of February, 2010.



Catherine Ann Preble

I, Catherine Ann Preble, having been designated to act as Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.





STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

Douglas A. Ducey
GOVERNOR

January 6, 2017

John Cocca
DIRECTOR

Catherine A. Preble
Brewd Coffee Lounge
2346 s Camino Seco Ave
Tucson, AZ 85710

Re: Application No. 12104488

Ms. Preble:

The following information is required to continue processing your application:

Proof of required Liquor Law Training for persons involved in the day to day operations of the business per substantive policy as outlined below.

- Completion of the Liquor Law Training Courses is required prior to issuance of a license. Such training must have been completed within the last three years.
- The person(s) required to attend both the Basic Liquor Training and Management Training, (either on sale or off sale), will include the following: owner(s), licensee/agent or manager(s) who are actively involved in the day to day operations of the business.
- Before acceptance of a Managers Questionnaire and/or Agent Change for an existing license, proof of attendance for the Basic Liquor Law and Management Training (either on sale or off sale) will be required.

If you have any questions, please contact me at (602) 364-1898.

Thank you,

Debbie Wunderly
Customer Service Representative

Enclosures

800 WEST WASHINGTON, 5th FLOOR PHOENIX, ARIZONA 85007-2934 PHONE (602) 542-5141 FAX (602) 542-5707

WWW.AZLIQUOR.GOV

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