

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

Document and Micrographics Mgt. Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

January 13, 2017

Travis Harley Miller
Serial Grillers
1970 W. River Road
Tucson, AZ 85704

RE: Arizona Liquor License No.: 12104481
d.b.a. Serial Grillers

Dear Mr. Miller:

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 December 21, 2016. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, February 7, 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

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



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

JAN 17 17:40:40 P.C. CLK 0530

AFFIDAVIT OF POSTING

Date of Posting: 12/22/16 Date of Posting Removal: 1/12/17

Applicant's Name: **Serial Grillers**
Miller Travis Harley
Last First Middle

Business Address: 1970 W. River Road Tucson 85704
Street City Zip

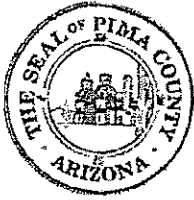
License #: 12104481

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

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

[Signature] 1/12/17
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.



Pima County Clerk of the Board
Robin Brigode

Julie Castañeda
Deputy Clerk

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TO: Development Services, Zoning Division
FROM: Ricci Romero, Administrative Support Specialist
DATE: December 22, 2016
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Travis Harley Miller
d.b.a. Serial Grillers
1970 W. River Road
Tucson, AZ 85704

Arizona Liquor License No. 12104481
Series 12, Restaurant
New License [X]
Person Transfer []
Location Transfer []

ZONING REPORT

DATE: 12/22/16

Will current zoning regulations permit the issuance of the license at this location?

Yes [X] No []

If No, please explain:

[Handwritten signature]

Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

Vertical stamp: TFC 22-15810007PC CLK/CF RD



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

ENTERED

16 DEC 19 Lique. Dept PM 1 50

16 OCT 14 Lique. Dept PM 2 08

14-33-9276

Application for Liquor License
 Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
 A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

- SECTION 1** 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: #12 RESTAURANT LICENSE # 12104481

SECTION 4 Applicants

1. Individual Owner/Agent's Name: MILLER TRAVIS HARVEY
Last First Middle
2. Owner Name: SERIAL GRILLERS 2, LLC B1057932
(Ownership name for type of ownership checked on section 2)
3. Business Name: SERIAL GRILLERS B1057933
(Exactly as it appears on the exterior of premises)
4. Business Location Address: 1970 W. RIVER ROAD TUCSON AZ 85704 PIMA
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: 1970 W. RIVER ROAD TUCSON AZ 85704
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: 520-971-2964 Daytime Contact Phone: 520-971-2964
7. Email Address: SERIALGRILLERS2012@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: _____
10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ N/A

Fees: 100	Application	—	Interim Permit	50	Department Use Only	44	Finger Prints	194	Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Accepted by: AP		Date: 12/20/16		License #		12104481			

16 NOV 22 Lique. Dept PM 1 32
 16 DEC 20 Lique. Dept PM 1 10
 P1012206
 16 DEC 19 Lique. Dept PM 1 50

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, _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.
 (Print Full Name)

X _____ State of _____ County of _____
 (Signature of CURRENT Individual Owner/Agent) The foregoing instrument was acknowledged before me this _____

My commission expires on: _____ of _____
 Date 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

ENTERED

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.: SERIAL GROWERS 2, LLC
 2. Date Incorporated/Organized: 11/21/2016 State where Incorporated/Organized: ARIZONA
 3. AZ Corporation or AZ L.L.C File No: L21247511 Date authorized to do Business in AZ: 12/13/16
 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
MILLER	TRAVIS	HARLEY	MEMBER	2941 W. TALARA LN.	TUCSON, AZ	85742	
MILLER	WILLIAM	LYNN	MEMBER	2941 W. TALARA LN.	TUCSON, AZ	85742	

(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
MILLER	TRAVIS	HARLEY	43	2941 W. TALARA LN.	TUCSON, AZ	85742	
MILLER	WILLIAM	LYNN	43	2941 W. TALARA LN.	TUCSON, AZ	85742	
NO ONE ELSE OWNS 10% OR MORE							

(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: 1.5 MILES Name of School: PIMA COUNTY JTED
 (If less than one (1) mile note footage) Address: 2855 W. MASTER PIECES DR ^{TUCSON AZ} 85712

2. Distance to nearest Church: NORTHSIDE CHURCH OF CHRIST Name of Church: NORTHSIDE CHURCH OF CHRIST
 (If less than one (1) mile note footage) 1.5 MILES Address: 1513 W. SUNSET ROAD
TUCSON, ARIZONA 85712

SECTION 14 Business Financials

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

2. If the premise is leased give lessors: Name: LA CHOLLA & RIVER ASSOCIATES, LLC

Address: 6925 E. INDIAN SCHOOL RD SCOTTSDALE, AZ 85251
 Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 3,032

4. What is the remaining length of the lease? Yrs. 5 Months 8

5. What is the penalty if the lease is not fulfilled? \$ UNGUARANTEED or Other: LEASE IS PERSONALLY
 (Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
THIS LICENSE WILL BE USED FOR A QUICK SERVICE RESTAURANT, SERVING BEER AND WINE

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.

[Signature]
(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.

TJM
(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? NEW LEASE/COMPLETION 07/01/2017

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.**

TJM
(Applicant's initials)

SECTION 16 Diagram of Premises – continued

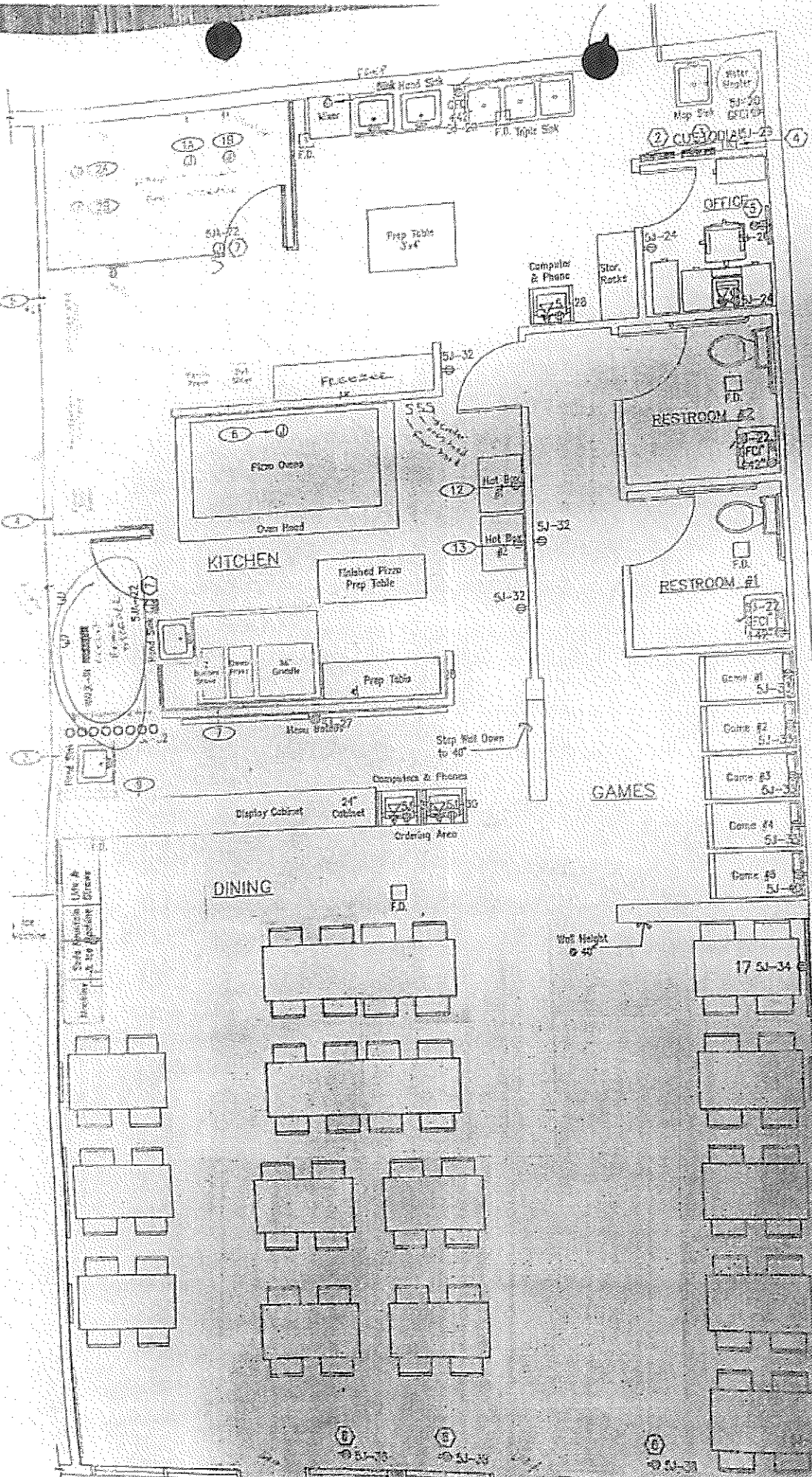
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking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

SEE
ATTACHED
DIAGRAM

2,274 SQUARE FEET



SCHEMATIC

NOTARY

I, (Print Full Name) TRAVIS HARVEY MURPHY, 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 [Signature]
(Signature of CURRENT Individual Owner/Agent)

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

My commission expires on: 07-31-2019
Date

10 of October, 2016
Day Month Year



[Signature]
Signature of NOTARY PUBLIC

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



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

16 NOV 22 11:47 Dept PM 103

RESTAURANT OPERATION PLAN

DLLC USE ONLY LICENSE # 12104481

1. Name of restaurant (Please print): SERIAL GRILLERS

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

Table with 2 columns: Equipment Type and Description. Rows include Grill (36" AMERICAN RANGE), Oven (STAR ULTRA MAX UM185GA ELECTRIC OVEN), Freezer (3 DOOR UPRIGHT), Refrigerator (WALK-IN COOLER 8' x 6' x 6'), Sink (3 COMPARTMENT 14" x 14" x 10"), Dish Washing Facilities, Food Preparation Counter (Dimensions), and Other.

16 DEC 20 11:47 Lic. RM1106

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) [72]
b. Bar area of your premises: [+ 0]
c. Total dining and bar seating capacity of your premises: [= 72]

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

6. Does your restaurant have a bar area that is distinct and separate from the dining area? [] YES [X] 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.) 40 %

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.)

6 - tv's 60 inch

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

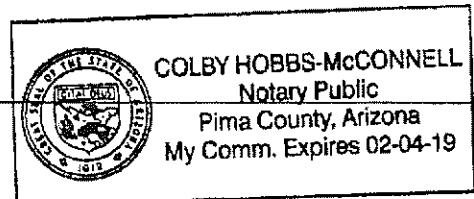
10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	8
Bartenders	0
Hostesses	0
Managers	2
Servers	0
Other (CASHIERS)	6
Other ()	
Other ()	

I, TRAVIS HARVEY MILLER, hereby declare that I am the APPLICANT filing this application.
 (Print full name)

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

X [Signature]
 (Signature of APPLICANT)



NOTARY

State of ARIZONA County of PIMA

The foregoing instrument was acknowledged before me this 21 day of NOVEMBER 2016
 Day Month Year

My Commission Expires on: 02/04/19
 Date

[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.

**REVOCAION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

- 1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

NOTARY

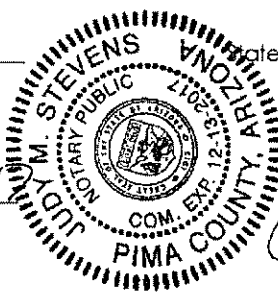
I, (Print Full Name) TRAVIS HARVEY MILLER, have read and understand all aspects of this statement

X (Signature) *Travis Harvey Miller*
Controlling Person / Agent

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

16th of December 2016
Day Month Year

My commission expires on: 12/15/2017



Judith M. Stevens
Signature of NOTARY PUBLIC

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