



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) 791-6666

December 22, 2014

Alexandra Jane Selby
Bodega Kitchen and Wine
4280 N. Campbell Avenue, Suite 212
Tucson, AZ 85718

RE: Arizona Liquor License No.: 12104346
d.b.a. Bodega Kitchen and Wine

Dear Ms. Selby:

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 November 13, 2014. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, January 6, 2015, 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 "Robin Brigode".

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

AFFIDAVIT OF POSTING

Date of Posting: 11-21-2014 Date of Posting Removal: 12-18-14

**Bodega Kitchen and Wine
 Selby**

Alexandra

Jane

Applicant Name:

Last

First

Middle

**4340 N. Campbell Avenue, Suite 164 & 185
 85718**

Tucson, AZ

Business Address:

Street

City

Zip

12104346

License #: _____

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.

Calvin Henry, Jr. #6488 PCSD

PROCESS SERVER

520-300-3161

Print Name of City/County Official

Title

Telephone #

Calvin Henry, Jr.

Signature

12-18-14

Date Signed

Return this affidavit with your recommendation (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.

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

DEC 19 14 PM 02:18 PCC CLK OF BD



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TO: Development Services, Zoning Division

FROM: Bernadette Russell *BK*
Administrative Support Specialist

DATE: November 20, 2014

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Alexandra Jane Selby
d.b.a. Bodega Kitchen and Wine
4340 N. Campbell Avenue, Suite 164 & 185
Tucson, AZ 85718

Arizona Liquor License No. 12104346
 Series 12, Restaurant
 New License X
 Person Transfer_
 Location Transfer

ZONING REPORT

DATE: 11/24/14

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

Yes ☒ No ☐

If No, please provide the following:

Pursuant to Pima County Zoning Code, Section: _____

the applicant must: _____

~~Pima County Zoning Inspector~~



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Tucson, Arizona 85714
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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Bernadette Russell *BR*
Administrative Support Specialist

DATE: November 20, 2014

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Alexandra Jane Selby
d.b.a. Bodega Kitchen and Wine
4340 N. Campbell Avenue, Suite 164 & 185
Tucson, AZ 85718

Arizona Liquor License No. 12104346
Series 12, Restaurant
New License X
Person Transfer_
Location Transfer

SHERIFF'S REPORT

DATE: 12/01/14

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

NOTHING NOTED.

[Signature]
Investigative Support Unit Supervisor

DEC 03 14 PM 01:47 PC CLK OF BD

A23

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

14-359203

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.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
- ☒ INTERIM PERMIT **Complete Section 5**
- ☒ NEW LICENSE **Complete Sections 2, 3, 4, 13, 14, 15, 16**
- ☐ PERSON TRANSFER (Bars & Liquor Stores ONLY) **Complete Sections 2, 3, 4, 11, 13, 15, 16**
- ☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY) **Complete Sections 2, 3, 4, 12, 13, 15, 16**
- ☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE **Complete Sections 2, 3, 4, 9, 13, 16** (fee not required)
- ☐ GOVERNMENT **Complete Sections 2, 3, 4, 10, 13, 15, 16**

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**
- ☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s):

12104346

1. Type of License(s): 12

2. Total fees attached:

\$ 285

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: ☐ Mr. Selby ☒ Ms. Alexandra Jane
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: 4340 North Campbell Avenue Suite 164, LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.) B1053116
3. Business Name: Bodega Kitchen & Wine
(Exactly as it appears on the exterior of premises) Suite 165 B10485102
4. Principal Street Location 4340 North Campbell Ave. Suite 164 Tucson Pima 85718
(Do not use PO Box Number) City County Zip
5. Business Phone: 520.395.1025 Daytime Phone: 520.838.1650 Email: alexandraselby@gmail.com
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☒ NO
7. Mailing Address: 4280 N. Campbell Ave. Suite 212 Tucson, AZ 85718
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: Application 100 Interim Permit 100 Site Inspection 50 Finger Prints 22 +13 \$ 285
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: MS. Date: 11/10/2014 Lic. # 12104346

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 12104198
4. Is the license currently in use? ☒ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, Alek Comford, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

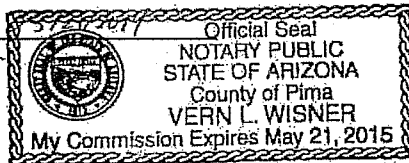
x Alek Comford
(Signature)

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

My commission expires on:

05/21/2015



4th day of October, 2014
Day Month Year

[Signature]
(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

Partnership Name: (Only the first partner listed will appear on license) _____

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

) Y R A S S E G E N F I T

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

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- ☒ CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**
☒ L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**

1. Name of Corporation/L.L.C.: 4340 North Campbell Avenue Suite 164, LLC
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 10/02/14 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No.: L-1956133-1 Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1956133-1 Date authorized to do business in AZ: 10/02/14
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO

6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
Selby, Alexandra Jane			Member	4280 N. Campbell Ave. Suite 212, Tucson, AZ 85718			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
Selby, Alexandra Jane			100%	4280 N. Campbell Ave. Suite 212, Tucson, AZ 85718			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
 (Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit?
- ☐
- YES
- ☐
- NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS 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 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
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: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
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: _____
6. If more than one license to be transfered: License Type: _____ License Number: _____
7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
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, _____, hereby authorize the department to process this application to transfer the
(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 these 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.

(Signature of CURRENT LICENSEE)

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

My commission expires on: _____

Day Month Year

(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

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) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: _____ ft. Name of school _____
Address _____
City, State, Zip _____
2. Distance to nearest church: _____ ft. Name of church _____
Address _____
City, State, Zip _____
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name SPP Investments, LLC
Address 4280 N. Campbell Ave, Suite 212 Tucson, AZ 85718
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ 3,000/mo What is the remaining length of the lease 3 yrs. _____ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ 8,000 or other _____
(give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 50,000
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
SPP Investments, LLC			50,000	4280 N. Campbell Ave. Suite 212, Tucson, AZ	85718	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Restaurant

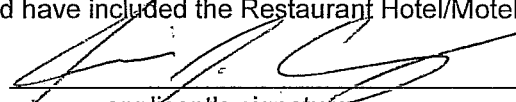
14 NOV 10 14:14 PM #27

SECTION 13 - continued

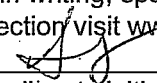
7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☒ YES ☐ NO If yes, give license number and licensee's name:
License # 12104198 (exactly as it appears on license) Name Comyford, Alek Zachary
-

SECTION 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:
Comyford, Alek Zachary and license #: 12104198
Last First Middle
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 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 ☐ hotel/motel ☒ 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

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 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. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.


applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

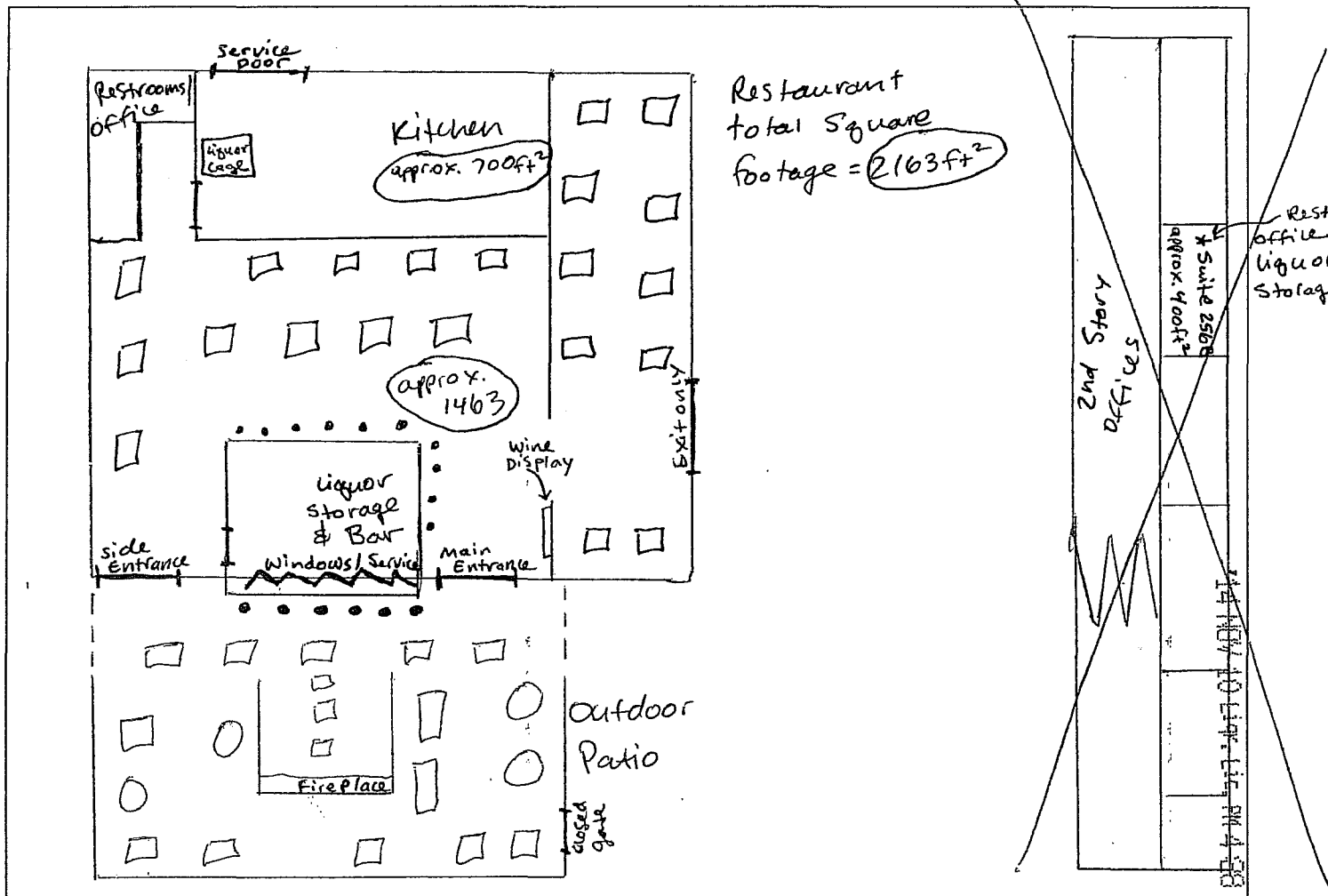
1. Check **ALL** boxes that apply to your business:
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Service windows | <input type="checkbox"/> Drive-in windows | <input type="checkbox"/> Non Contiguous |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
If yes, what is your estimated opening date? _____
month/day/year
3. 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. 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 spirituous 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, such as parking lots, living quarters, etc.

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.


applicants initials

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

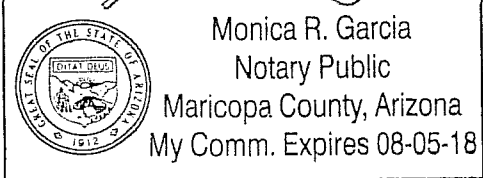
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, Alexandra Jane Selby, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]
(signature of applicant listed in Section 4, Question 1)



State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

10 of NOVEMBER, 2014
Day Month Year

[Signature]
signature of NOTARY PUBLIC

My commission expires on : 05 08 2018
Day Month Year