

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

October 27, 2017

Mary Jo Claussen
The Olive Bistro
514 E. Whitehouse Canyon Road Suite No. 100
Green Valley, AZ 85614

RE: Arizona Liquor License No.: 12104542
d.b.a. The Olive Bistro

Dear Ms. Claussen:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 12, Restaurant, which was received in our office on September 29, 2017. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, November 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 black ink, appearing to read "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

DCT 26317PH04112 PC CLK OF BD
 AEB

AFFIDAVIT OF POSTING

Date of Posting: 10/5/17 Date of Posting Removal: 10/26/17

Applicant's Name: **The Olive Bistro**
Claussen Mary Jo
Last First Middle

Business Address: **514 E. Whitehouse Canyon Road Suite No. 100** **Green Valley** **85614**
Street City Zip

License #: 12104542

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.

| | | |
|--|--|---|
| <p><u>Frank Rector</u> 1775</p> <p style="text-align: center;"><small>Print Name of City/County Official</small></p> | <p><u>Process Server</u> <u>Paco Sheriff</u></p> <p style="text-align: center;"><small>Title</small></p> | <p><u>5203104034</u></p> <p style="text-align: center;"><small>Phone Number</small></p> |
| <p> 1775</p> <p style="text-align: center;"><small>Signature</small></p> | <p style="text-align: right;"><u>10/26/17</u></p> <p style="text-align: right;"><small>Date Signed</small></p> | |

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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Document and Micrographics Mgt. Division
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TO: Development Services, Zoning Division
FROM: Alina Bárcenas *AFB*
Administrative Support Specialist Senior
DATE: 10/2/2017
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Mary Jo Claussen
d.b.a. The Olive Bistro
514 E. Whitehouse Canyon Road Suite No. 100
Green Valley, AZ 85614

Arizona Liquor License No. 12104542
Series 12, Restaurant
New License
Person Transfer
Location Transfer

ZONING REPORT

DATE: 10/3/17

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

OCT 03 17 AM 10:59 PC CLK OF BD
AFB

17-31-9307 17 9 27 Lic. Lic. #1054



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

DLLC USE ONLY
License # 12104542
Date Accepted: 9/27/17
CSR: W

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 Type of License

- Interim Permit
New License
Person Transfer
Location Transfer (series 6, 7 and 9)
Probate/ Will Assignment/ Divorce Decree (No Fees)
Seasonal

SECTION 2 Type of Ownership

- J.T.W.R.O.S.
Individual
Partnership
Corporation
Limited Liability Co
Club
Government
Trust
Tribe
Other (Explain)

SEP 29 17 AM 11:04 PC CLK OF BD

ACB

SECTION 3 Type of license

- Add Sampling Privilege for Series 9 and 10 only
Add Growler privileges (restaurant, series 12, license only)

1. Type of License (restaurant, bar etc.): 12 2. LICENSE # (if issued): 12104542

SECTION 4 Applicants

1. Agent's Name: Claussen Mary JO Bannay MOJ Address MOJ
2. Applicant/Licensee Name: Claussen MARY JO - Bannay JO, LLC B1059655
3. Business Name: The Olive Bistro
4. Business Location Address: 514 Whitehouse Green Valley AZ 85614 Pima
5. Mailing Address: 514 Whitehouse Suite 100 Green Valley AZ 85614
6. Business Phone: 520-393-3431 Daytime Contact Phone: 520-393-3431
7. Email Address: crazyonj@aol.com
8. Is the Business located within the incorporated limits of the above city or town? No
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? Green Valley, Pima

Fees: Application \$100.00, Interim Permit \$100.00, Department Use Only \$50.00, Finger Prints \$22.00, Total of All Fees \$272.00
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes

SECTION 5 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. If the applicant is an entity, not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: 8/10/17 State where Incorporated/Organized: AZ

b) AZ Corporation or AZ LLC. File No: L 22097786 Date authorized to do business in AZ 8/25/2017

2. List any individual or entity that own a beneficial interest of 10 % or more and/or controls the license. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed to disclose any controlling person, member, shareholder or general partner who owns a beneficial interest of 10 % or more of the license.

| Last | First | Middle | Title | %Owned | Mailing Address | City | State | Zip |
|----------|-------|--------|---------|--------|-----------------------------|--------------|-------|-------|
| Claussen | MARY | JO | manager | 100% | 1113 west circolo del Norte | Green Valley | AZ | 85624 |
| | | | | | | | | |
| | | | | | | | | |

(Attach additional sheet if necessary)

SECTION 6 Interim Permit

If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S. §4-203.01 For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S. §4-203.01 (A)

1. Enter license number currently at the location: 12104167

2. Is the license currently in use? Yes No If no, how long has it been out of use? 2 DAYS

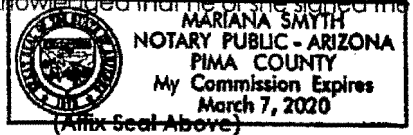
I, (Signature) Jennifer Paulos declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

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

NOTARY

State of Arizona }
 County of Pima }
 On this 25th Day of September, 20 17 before me personally appeared Jennifer Paulos
(Day Month Year Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



Mariana Smyth
 Signature of NOTARY PUBLIC

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license ARS § 4-204

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. Current Licensee's Name: _____
(Exactly as it appears on the license) Last First Middle
 2. Assignee's Name: _____
 Last First Middle
 License Number: _____

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.

1. Distance to nearest School: _____ Name of School: _____
(If less than one (1) mile note footage)

Address: _____

2. Distance to nearest Church: _____
(If less than one (1) mile note footage)

Name of Church: _____

Address: _____

SECTION 11 Business Financials A.R.S. §4-202(F)

1. I am the:

- Tenant: a person who holds the lease of a property; a lessee.
- Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
- Owner
- Purchaser
- Management Company

2. If the premises is leased give lessors:

Name: Jennifer Paulos

Address: 514 Whitehorse Canyon Rd #100 Green Valley AZ 85614
Street Canyon Rd #100 City State Zip

3. What is the penalty if the lease is not fulfilled? \$ 0 or Other: property returns to Lessee

4. Total money borrowed for the Business not including lease? \$ \$70,000.00

Please List Lenders/People you owe money to for business.

| Last | First | Middle | Amount Owed | Mailing Address | City | State | Zip |
|--------|----------|--------|-------------|-------------------------------|--------------|-------|-------|
| Paulos | Jennifer | | 70,000 | 514 Whitehorse Canyon Rd #100 | Green Valley | AZ | 85614 |
| | | | | | | | |
| | | | | | | | |

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?
 Yes No If yes, attach explanation.

6. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?
 Yes No If yes, attach explanation.

SECTION 12 Diagram of Premises

Check ALL boxes that apply to your business:

Walk-up or drive-through windows

Patio: Contiguous

Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

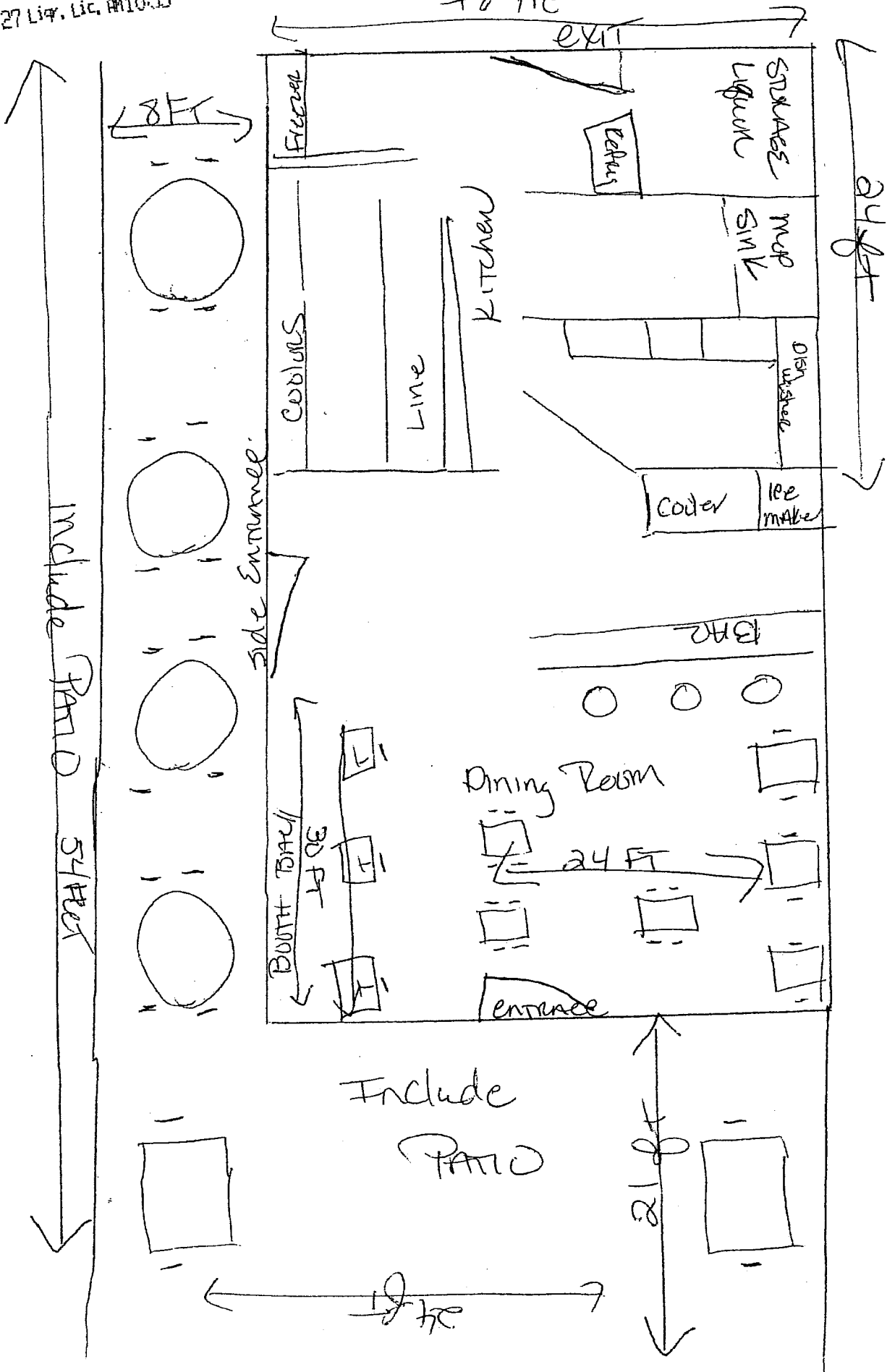
Yes No If yes, what is your estimated completion date? ____/____/____

Please attach a diagram of the premises which clearly show only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include all entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and the kitchen. **DO NOT INCLUDE** parking lots, living quarters or areas where business is not conducted under this liquor license. When completing your premises diagram, please identify which orientation is North.

17 SEP 27 Lic. Lic. #10455

TOTAL Sq. = 1134 sq ft

+ 24 ft



Freezer

CABINETS

Line

KITCHEN

SINKS
LIQUOR

MOP
SINK

DISP
WASHER

COOLER

ICE
MAKER

BAR

Dining Room

24 FT

Entrance

Side Entrance

BATH
BAY
4 FT

Include PATIO 54 FT

Include
PATIO

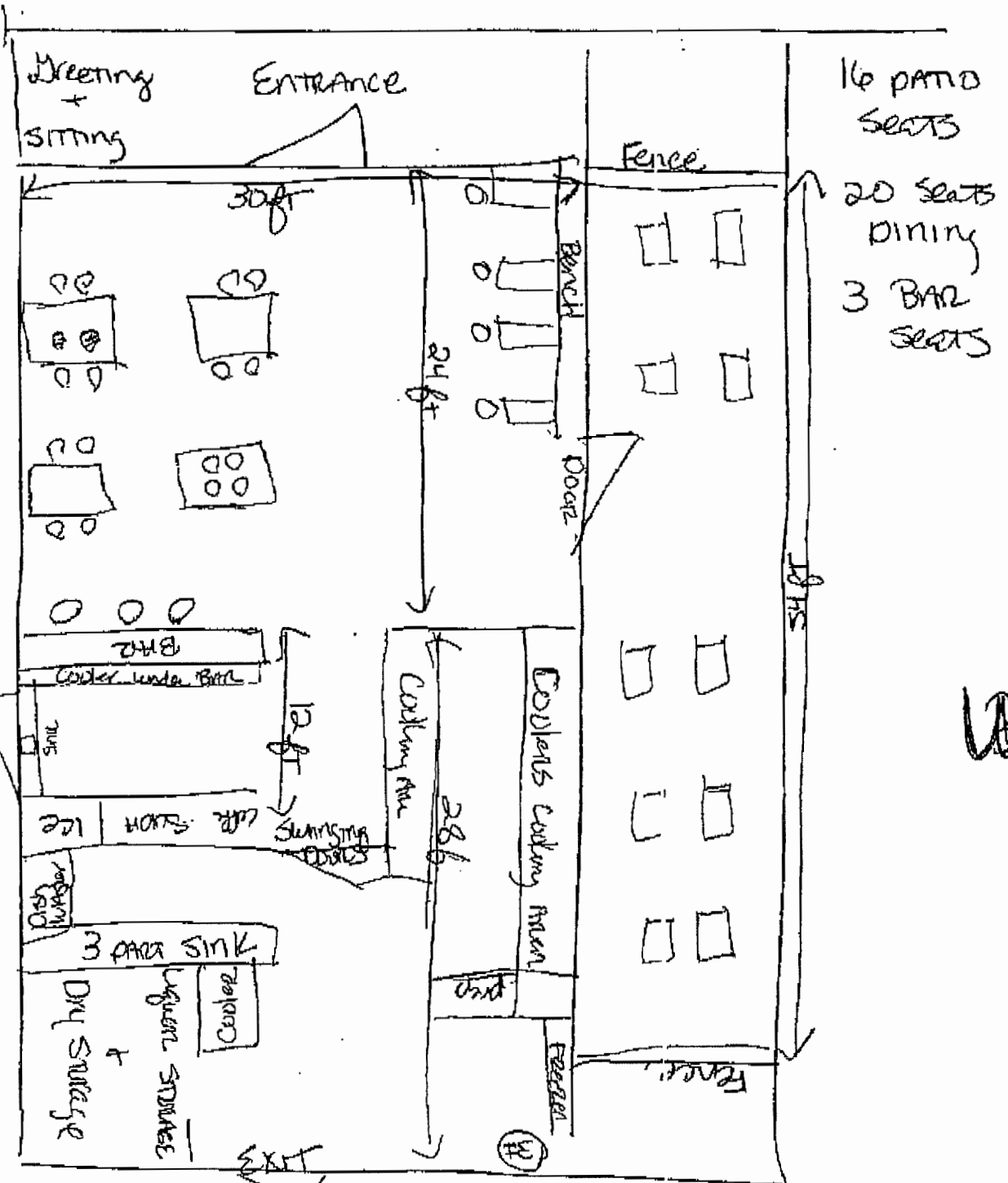
24 ft

24 ft

24 ft

EXIT

8 FT



AMENDMENT

12104542
Olive Bistro

W

B

2. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

3. 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 service areas or the square footage of the licensed premises, either by increase or decrease.

MJC
Applicants Initials

RESTAURANTS AND HOTELS/MOTELS ONLY

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. The fee of \$50.00 will be due and payable upon submitting this application.)

4a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture, these are required as part of the diagram. A.R.S. §4-205.02(C)

4b. Provide a restaurant operation plan.

SECTION 13 SIGNATURE BLOCK

I, (Signature) *Mary Jo Clausen*, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

NOTARY

State of Arizona)

County of MARICOPA)

On this 27 Day of SEPTEMBER, 2017 before me personally appeared MARY JO CLAUSSEN
Day Month Year (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



(Affix Seal Above)

Debbie Wunderly
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

17 SEP 27 19. Lic. #11035

RESTAURANT OPERATION PLAN

DLLC USE ONLY LICENSE # 12104542

- Name of restaurant (Please print): The Olive BISTRO
- List by Make, Model, and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:)

| | |
|---------------------------------------|------------------------------------|
| Grill | N/A |
| Oven | N/A |
| Freezer | M3 Turbo Air |
| Refrigerator | M3 Turbo Air |
| Sink | PA-UN - dishwasher |
| Dish Washing Facilities | 3 comp 1 handwashing 1 veggie sink |
| Food Preparation Counter (Dimensions) | 2ft by 2ft / 8ft by 2ft |
| Other | |

- Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
- List the seating capacity for:

- Restaurant dining area of your premises: (Do not include patio seating) [20]
- Bar area of your premises: [+ 3]
- Total dining and bar seating capacity of your premises: [= 23]

- What Type of dinnerware and utensils are utilized within your restaurant?
 Reusable Disposable Both
- Does your restaurant have a bar area that is distinct and separate from the dining area? YES No
(If yes, what percentage of the public floor space does this area cover?) _____ %
- What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 90 %

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.)

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.)

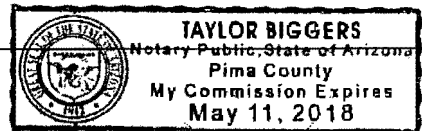
10. Use space below to list how many employees for each position to fully staff your business.

| Position | How many |
|---------------------|----------|
| Cooks | 2 |
| Bartenders | |
| Hostesses | 2 |
| Managers | 1 |
| Servers | 3 |
| Other (Dishwasher) | 1 |
| Other () | |
| Other () | |

I, MARY JO CLAUSSEN, 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 Mary Jo Clausen
 (Signature of APPLICANT)



NOTARY

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 20 day of September 2017
Day Month Year

My Commission Expires on: May 11 2018
Date

Taylor Biggers
 Signature of Notary Public



Arizona Department of Liquor Licenses and Control 17 SEP 27 10:55
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

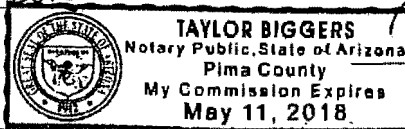
I, (Print Full Name) Mary D Claussen, have read and understand all aspects of this statement

X (Signature) Mary D Claussen
Controlling Person / Agent

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

20 of September 2017
Day Month Year

My commission expires on: May 11, 2018



[Signature]
Signature of NOTARY PUBLIC

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