

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

June 26, 2017

Andrea Dahlman Lewkowitz
AMC Foothills 15
11500 Ash St.
Leawood, KS 66211

RE: Arizona Liquor License No.: 06100137
d.b.a. AMC Foothills 15

Dear Ms. Lewkowitz:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 6, Bar, which was received in our office on May 22, 2017. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, July 11, 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 "Castañeda".

Julie Castañeda
Clerk of the Board

Enclosure

6/12



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: 5/23/17

Date of Posting Removal: 6/12/17

Applicant's Name: AMC Foothills 15
Lewkowitz Andrea Dahlman
Last First Middle

Business Address: 7401 N. La Cholla Boulevard, Ste. 144 Tucson 85741
Street City Zip

License #: 06100137

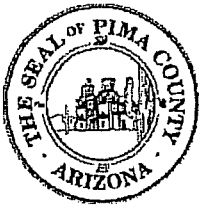
I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

R. GRENIER, # G175 PCSD 351-6000
Print Name of City/County Official Title Phone Number

[Signature] 6/12/17
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.

JUN 14 7:40:50 PM PC CLK (FBI) [Signature]



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TO: Development Services, Zoning Division
FROM: Ricci Romero *RR*
Administrative Support Specialist Senior
DATE: May 22, 2017
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Andrea Dahlman Lewkowitz
d.b.a. AMC Foothills 15
7401 N. La Cholla Boulevard, Ste. 144
Tucson, AZ 85741

Arizona Liquor License No. 06100137
Series 6, Bar
New License
Person Transfer X
Location Transfer X

ZONING REPORT

DATE: *6/20/17*

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

Yes No

If No, please explain:

[Signature]
Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

JUN 26 17 AM 10:45 PC CLK OF BD *RR*



17-16-9292

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

DLIC USE ONLY
License # 06100137
Date Accepted: 5-19-17
CSR: AP

MAY 21 17 03:44 POC/CE/ID

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)

SECTION 3 Type of license

- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)

1.Type of License (restaurant, bar etc.):
2. LICENSE # (if issued): 06100137

SECTION 4 Applicants

1. Agent's Name: Lewkowitz Anna Dahlman

2. Applicant/Licensee Name:
(Ownership name for type of ownership checked on section 1)

3. Business Name (Doing Business As-DBA): AMC Foodwills 15

4. Business Location Address:
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 11500 Ash St. Leawood KS 66211
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: Daytime Contact Phone:

7. Email Address:

8. Is the Business located within the incorporated limits of the above city or town? Yes No
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located?

Fees: 200 Application, Interim Permit, Department Use Only, Site Inspection, Current Finger Prints, \$ 200 Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes No



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 #	06100137
Date Accepted	5-19-17
CSR:	AP

Application for Liquor License
Type or Print with Black Ink

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

17 MAY 19 11:49 AM Dept PH 3 416

SECTION 3 Type of license

- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application) A.R.S. §4-206.01(G), (H), (I) & (L)
- Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies) A.R.S. §4-207(A) & (B)

1. Type of License (restaurant, bar etc.): SERIES 6 2. LICENSE # (if issued): 06100137

SECTION 4 Applicants

1. Agent's Name: LEWKOWITZ ANDREA DAHLMAN
Last First Middle

2. Applicant/Licensee Name: AMERICAN MULTI-CINEMA, INC. P056207
(Ownership name for type of ownership checked on section 1)

3. Business Name (Doing Business As-DBA): AMC FOOTHILLS 15 B1058885

4. Business Location Address: 7401 N LA CHOLLA BLVD., STE 144 TUCSON AZ 85741 PIMA
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 2600 N. CENTRAL AVENUE, SUITE 1775 PHOENIX AZ 85004
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: (520) 742-5050 Daytime Contact Phone: (602) 200-7222

7. Email Address: ANDREA@LEWKLAW.COM

8. Is the Business located within the incorporated limits of the above city or town? Yes No (Pima County)
 If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? _____

Fees: <u>200</u>	Department Use Only	<u>Current</u>	\$ <u>200</u>
<small>Application</small>	<small>Interim Permit</small>	<small>Site Inspection</small>	<small>Total of All Fees</small>
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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: 01/13/1972 State where Incorporated/Organized: MISSOURI

b) AZ Corporation or AZ L.L.C. File No: F-0015404-8 Date authorized to do business in AZ 01/13/1972

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
SEE ATTACHED								

(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: _____

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

I, (Signature) _____ 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 _____)

On this _____ Day of _____, 20____ before me personally appeared _____
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.

 Signature of NOTARY PUBLIC

(Affix Seal Above)

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.

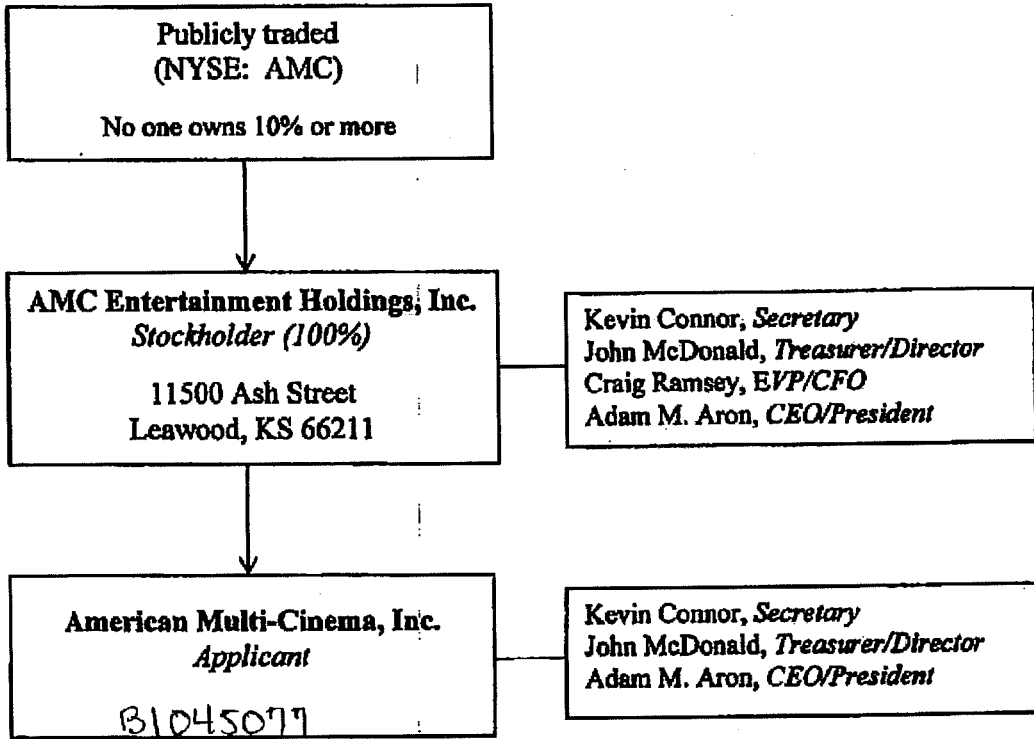
1. Current Licensee's Name: _____
 (Exactly as it appears on the license) Last First Middle

2. Assignee's Name: _____
 Last First Middle

License Number: _____

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

American Multi-Cinema, Inc.



SECTION 8 Government (for Cities, Towns or Counties only)

1. Government Entity: _____

2. Person/Designee: _____
Last First Middle Daytime Contact Phone #

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

**SECTION 9 Person to Person – Current Licensee Information ARS§4-203(C), (D), (G)
(Bar and Liquor Stores only – Series 06, 07 and 09)**

1. License #: 06100137

2. Current Agent Name: KRAMBER KEVIN ARNOLD
Last First Middle

3. Current Licensee Name: BORDERLAND GOLF MANAGEMENT LLC
(Exactly as it appears on the license)

4. Current Business Name: CANOA HILLS GOLF COURSE
(Exactly as it appears on the license)

5. Current Daytime Phone: (520)882-8313 Primary Email Address: N/A

6. Does current licensee intend to operate the business while this application is pending? Yes No

7. I authorize the transfer of this license to the applicant: SEE ATTACHED BILL OF SALE
Signature or Agent or Individual controlling person

NOTARY

State of Arizona)
County of _____)

On this _____ Day of _____, 20____ before me personally appeared _____
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.

Signature of NOTARY PUBLIC

(Affix Seal Above)

SECTION 10 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G 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) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 3
- d) Craft Distillery (A.R.S. §4-205.10) Series 18

- e) Government license (A.R.S. §4-205.03) Series 5
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 4
- h) Farm Winery Series 13
- i) Producer Series 1

1. Distance to nearest School: 3,696 FT Name of School: Marion Donaldson Elementary
 (If less than one (1) mile note footage) Address: 2040 W Omar Dr, Tucson, AZ 85704

2. Distance to nearest Church: 2,640 FT Name of Church: Ina Road Church of Christ
 (If less than one (1) mile note footage) Address: 2425 W. Ina Road, Tucson, AZ 85741

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: FHM PARTNERS, LLC
 Address: 20 E CONGRESS STREET, #300, TUCSON, AZ 85701

3. What is the penalty if the lease is not fulfilled? \$ TERMINATION + or Other: MONETARY PENALTIES

4. Total money borrowed for the Business not including lease? \$ 0.00

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)

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

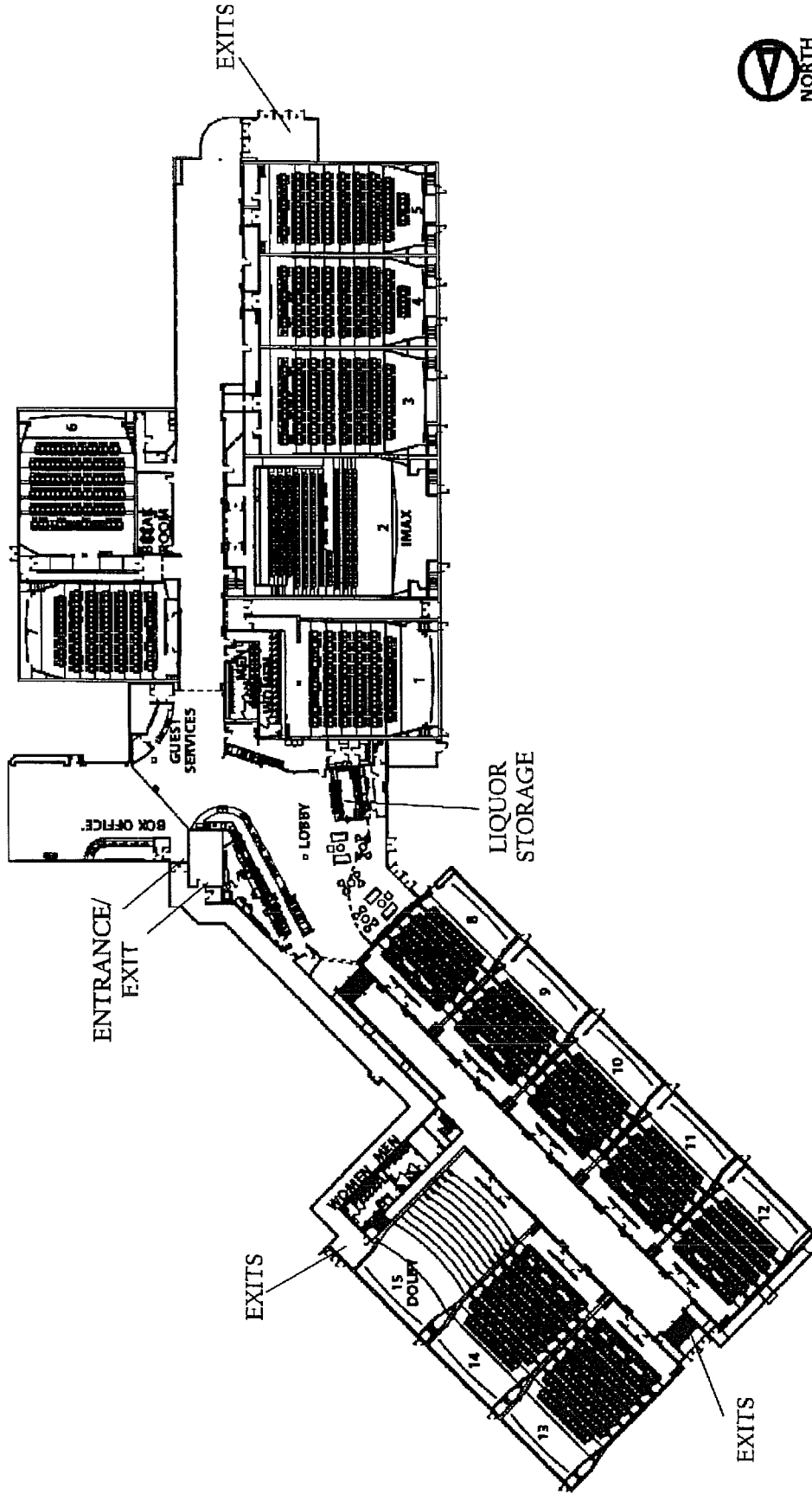
Patio: Contiguous

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.

AMC FOOTHILLS 15
 7401 N. LA CHOLLA BLVD., #144
 TUCSON, AZ 85741
 19,362 square feet



AMC FOOTHILLS 15

TUCSON, AZ

PROPOSED FLOOR PLAN

04/20/2017

8

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.

Applicants Initials

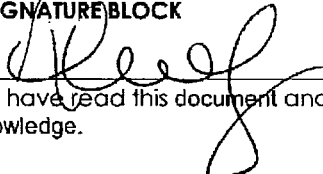
RESTAURANTS AND HOTELS/MOTELS ONLY

(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

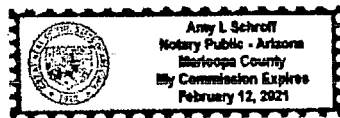
I, (Signature) , hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

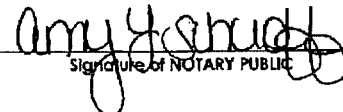
NOTARY

State of Arizona)
County of MARICOPA)

On this 18 Day of MAY, 2017 before me personally appeared ANDREA DAHLMAN LEWKOWITZ
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.




Signature of NOTARY PUBLIC

(Affix Seal Above)

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.