



Pima County Clerk of the Board

Robin Brigode

Administration Division

130 W. Congress, 5th Floor

Tucson, AZ 85701

Phone: (520)724-8449 • Fax: (520)222-0448

1640 East Benson Highway

Tucson, Arizona 85714

Phone: (520) 351-8454 • Fax: (520) 791-6666

16

Julie Castañeda

Deputy Clerk

November 19, 2015

Kevin Arnold Kramber
Goodness Fresh Food and Juice Bar
536 E. Wagon Bluff Drive
Tucson, AZ 85704

RE: Arizona Liquor License No.: 12104398
d.b.a. Goodness Fresh Food and Juice Bar

Dear Mr. Kramber:

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 October 26, 2015. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, December 15, 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

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 "Robin Brigode".

Robin Brigode
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

NOV 19 15 PM 04 POC KCFR

AFFIDAVIT OF POSTING

Date of Posting: 10-27-15 Date of Posting Removal: 11-18-15

**Goodness Fresh Food and Juice
 Bar**

Applicant's Name: Kramber Kevin Arnold
Last First Middle

Business Address: 6370 N. Campbell Avenue No. 160 Tucson 85718
Street City Zip

License #: 12104398

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

[Signature] #7094 11-18-15
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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Julie Castañeda
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Administration Division
130 W. Congress, 6th 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

TO: Development Services, Zoning Division
FROM: Bernadette Russell *BR*
Administrative Support Specialist
DATE: October 27, 2015
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Kevin Arnold Kramber
d.b.a. Goodness Fresh Food and Juice Bar
6370 N. Campbell Avenue No. 160
Tucson, AZ 85718

Arizona Liquor License No. 12104398
Series 12, Restaurant
New License
Person Transfer
Location Transfer

ZONING REPORT

DATE: 10/29/15

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 29 15 PM 04:24 PC CLK OF RD *BR*



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

15-28-9240
 15 OCT 22 Lic. Lic. PM 2 02

**Application for Liquor License
 Type or Print with Black Ink**

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 Store 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) _____

OCT 26 15 AM 103 PCLKDFR
 ASD

SECTION 3 Type of license

LICENSE # 12104398

1. Type of License: #12 - RESTAURANT

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 4 Applicants

1. Individual Owner/Agent's Name: KRAMERZ Kevin
Last First Middle P1044336
2. Owner Name: BRAND RESTAURANT CONCEPTS, LLC
(Ownership name for type of ownership check on section 2) B1054428
3. Business Name: GOODNESS FRESH FOOD & JUICE BAR
(Exactly as it appears on the exterior of premises) B1039506
4. Business Location Address: 6370 N. CAMPBELL AVE #100 TUCSON AZ 85718 Pima
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: 536 E. WAGON BLUFF DR. TUCSON, AZ 85704
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: (520) 338-8418 Daytime Contact Phone: (520) 235-5684
7. Email Address: Kevin@AZBarman.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

		Department Use Only	
Fees:	<u>100.00</u>	<u>100.00</u>	<u>50.00</u>
	Application	Interim Permit	Site Inspection
			Finger Prints
			Total of All Fees
			<u>\$ 250.00</u>
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Accepted by: <u>SG</u>	Date: <u>10-22-15</u>	License # <u>12104398</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: 12104047

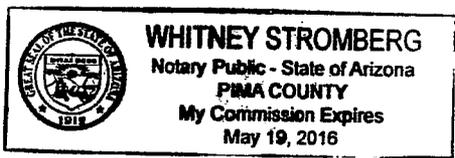
2. Is the license currently in use? Yes No If no, how long had it been out of use? N/A

(if over six (6) months, attach a letter requesting Interim Permit)

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

I, Angie Soffron declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

X _____
(Signature)



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

15 day of October, 2015
Day Month Year

(signature of Notary Public)

My Commission Expires on: 5-19-16
Date

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	% Owned	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.: BRAND RESTAURANT CONCEPTS, LLC
2. Date Incorporated/Organized: 12/17/2014 State where Incorporated/Organized: ARIZONA
3. AZ Corporation or AZ L.L.C File No: L-19717157 Date authorized to do Business in AZ: 12/22/2014
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
Kate	Brandon	Scott	mem/ mgr.	3501 N. CALLE VISTOSA	TULSON,	AZ	85750
JORROY	AUDRE	N/A	mgr.	1256 N. INDUSTRIAL PARK AVE.	NOGALES,	AZ	85621
JORROY	HOSPITALITY GROUP,		mem.	1256 N. INDUSTRIAL PARK AVE.	NOGALES,	AZ	85621
	LLC						

(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
Kate	Brandon	Scott	50%	3501 N. CALLE VISTOSA	TULSON,	AZ	85750
JORROY	HOSPITALITY GROUP,		50%	1256 N. INDUSTRIAL PARK AVE.	NOGALES,	AZ	85621
	LLC						
<u>Flowchart attached</u>							

(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.

Brand RESTAURANT CONCEPTS, LLC

Brand
KATE
(max/mem - 50%)

Brand
HOSPITALITY
GROUP,
LLC
(mem - 50%)

Brand
AUGUST
CATERING
(max - 49%)

Brand
AUGUST

Brand
(max/mem - 100%)

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 holder, 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 11 and confirm that all statements are true, correct, and complete.

X _____
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of _____ County of _____
State County

The foregoing instrument was acknowledged before me this _____ day of _____, _____.
Day Month Year

My commission expires on _____
Day/ Month/Year Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants EXCLUDING those applying for a Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.

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

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

2. Distance to nearest Church: _____ Address: _____
 (if less than one (1) mile note footage) Name of Church: _____

SECTION 14 Business Financials

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

2. If the premise is leased give lessors: Name: HANNAY REAL ESTATE
 Address: 2999 N. 44TH ST. #400 PHOENIX, AZ
Street City State Zip 85018

3. Monthly Rent/ Lease Rate: \$ 7,850.00

4. What is the remaining length of the lease? 4 yrs 8 months

5. What is the penalty if the lease is not fulfilled? \$ 2,900 or other: LANDLORD REPOSSESSION
(Give details-attach additional sheet if necessary)

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
	N/A		N/A	N/A			

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
RESTAURANT (JULE BOX)

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 #: 12107077 Individual Owner /Agent Name: THOMAS ROBERT DEVLIN
(Exactly as it appears on license)

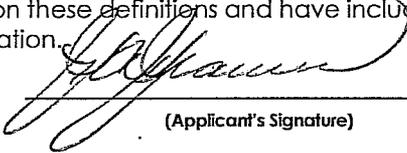
SECTION 15 Restaurant or hotel/motel license applicants

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.

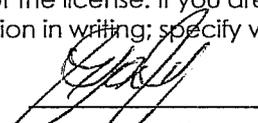
3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.

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:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Walk-up windows | <input type="checkbox"/> Drive-up windows | <input type="checkbox"/> 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? N/A

Month/Day/Year

- 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.
- 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).
- 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 the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.



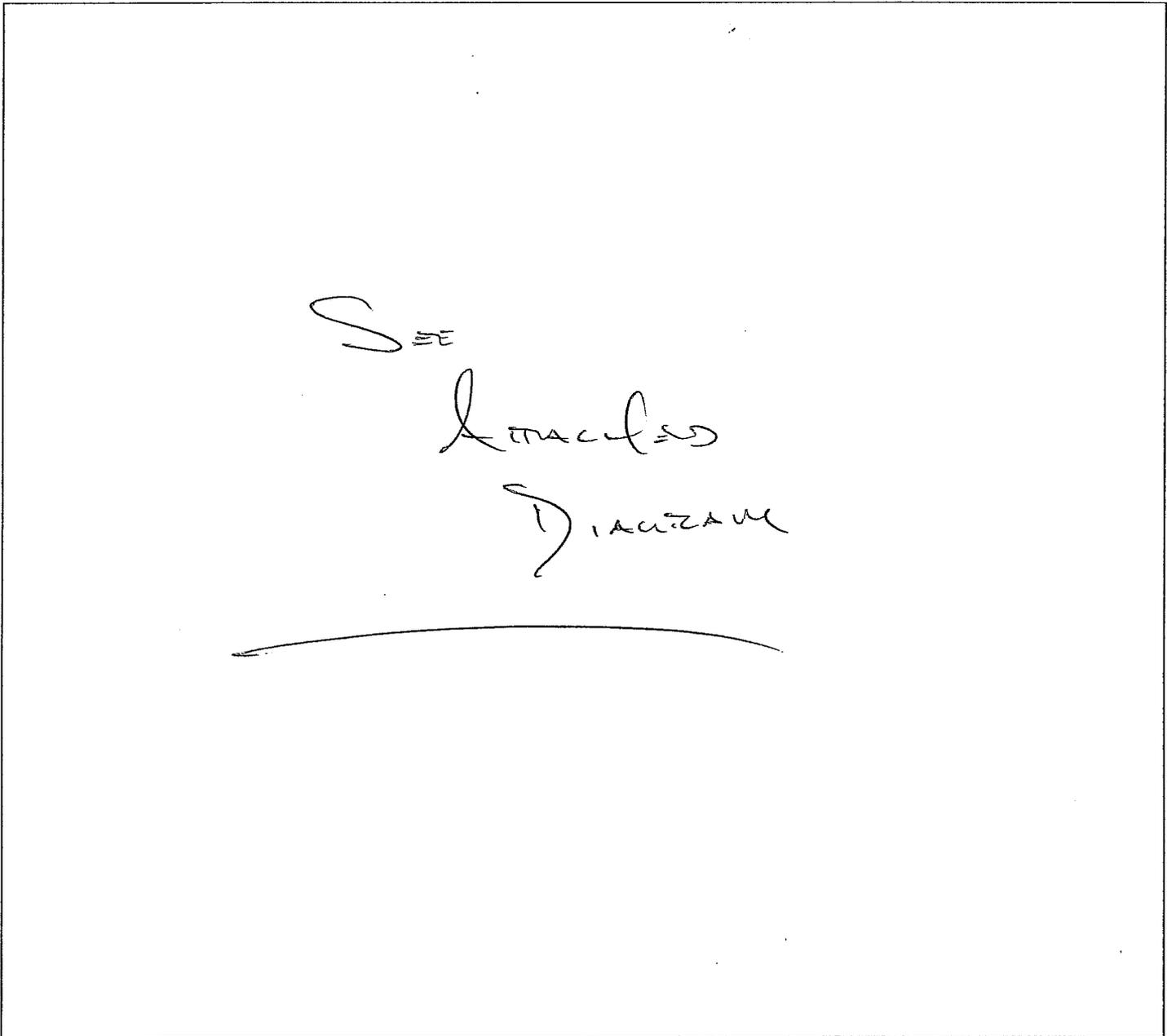
(Applicant's Initials)

SECTION 16 Diagram of Premises – 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 ↑.

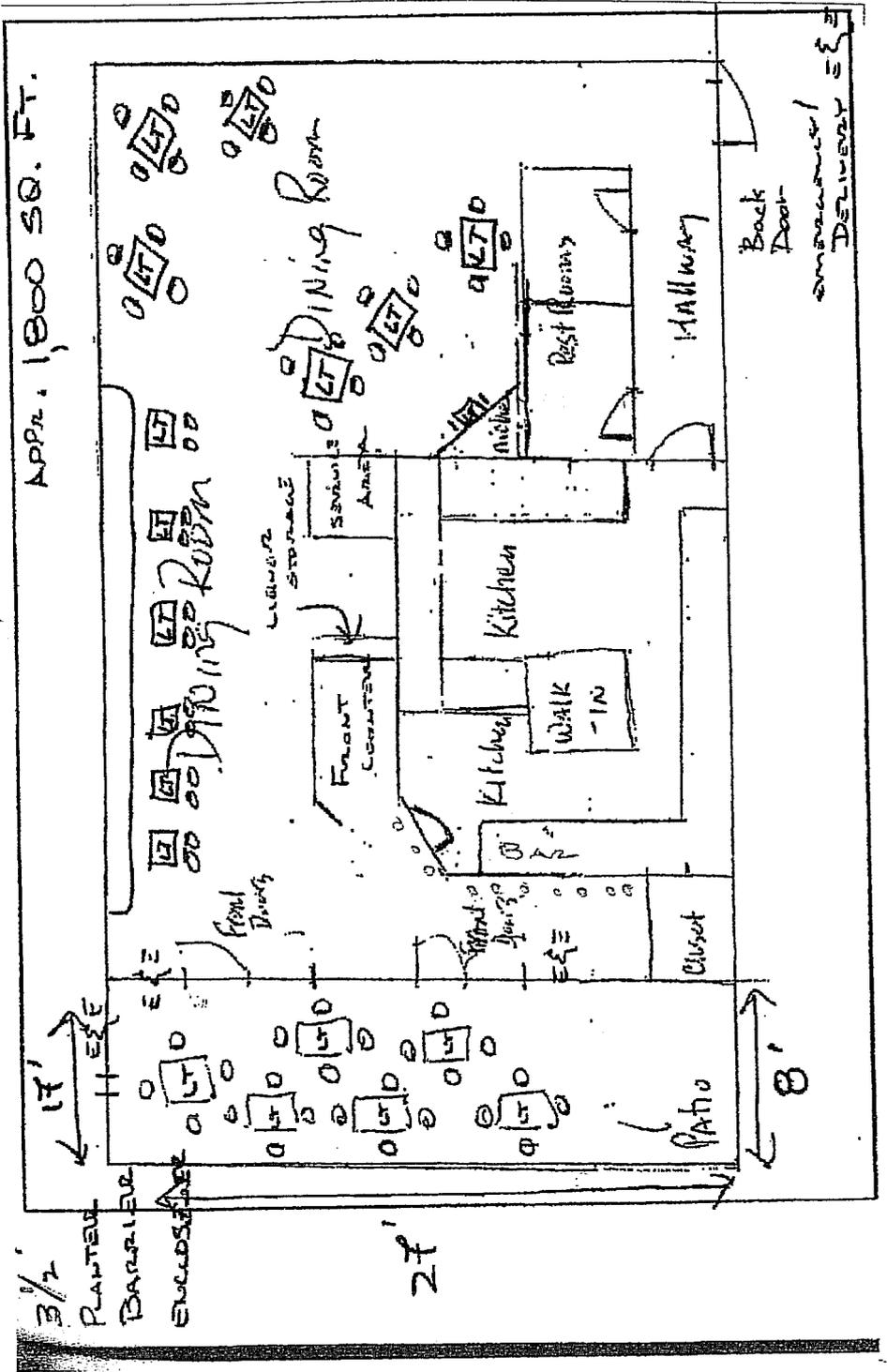
If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

DIAGRAM OF PREMISES



SECTION 16 CONT.

" COGNATE FRESH FOOD & JUICE BAR "



SECTION 17 SIGNATURE BLOCK

David Stromberg
Stromberg
(Print Full Name)

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)

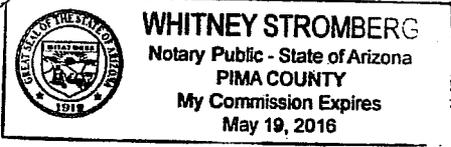
State of Arizona County of Pima

The foregoing instrument was acknowledge before me this

15 of October, 2015

Day Month Year

[Signature]
Signature of NOTARY PUBLIC



My commission expires on: 5-19-16

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.