



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 17, 2014

Francis Patrick Bertolino
Cow Palace Restaurant
P.O. Box 512
Amado, AZ 85645

RE: Arizona Liquor License No.: 06100235
d.b.a. Cow Palace Restaurant

Dear Mr. Bertolino:

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 November 10, 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

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

AFFIDAVIT OF POSTING

Date of Posting: 11/24/14 Date of Posting Removal: 12/16/14

Cow Palace Restaurant

Applicant Name: Bertolino Francis Patrick
Last First Middle

Business Address: 28802 S. Nogales Highway Amado, AZ 85645
Street City Zip

License #: 06100235

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.

FRANK R. HECHT 1775 PROCESS SERVER 520 310 4034
Print Name of City/County Official Title Telephone #

[Signature] 1775 12/16/14
Signature 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

REC 1714PM1216 PCC CLK OF PD



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TO: Development Services, Zoning Division
FROM: Bernadette Russell *BR*
Administrative Support Specialist
DATE: November 20, 2014
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Francis Patrick Bertolino
d.b.a. Cow Palace Restaurant
28802 S. Nogales Highway
Amado, AZ 85645

Arizona Liquor License No. 06100235
Series 6, Bar
New License
Person Transfer X
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: _____

[Signature]
Pima County Zoning Inspector

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14-36-9204

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): 010100235

1. Type of License(s): #6
2. Total fees attached: \$ 222⁰⁰ 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: Ms. Bertolino Francis Patrick
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: FPBCP Enterprises, Inc. P1003374
B1030975
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Cow Palace Restaurant B1003403
(Exactly as it appears on the exterior of premises)
4. Principal Street Location: 28802 South Nogales Hwy. Amado Pima 85645
(Do not use PO Box Number) City County Zip
5. Business Phone: 520-398-8000 Daytime Phone: 520 307-1326 Email: cowpal2201@aol.com
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: P.O. Box 512 Amado AZ 85645
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY				
Fees:	<u>100⁰⁰</u> Application	<u>100⁰⁰</u> Interim Permit	Site Inspection	<u>22⁰⁰</u> Finger Prints
				\$ <u>222⁰⁰</u>
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: <u>SG</u>		Date: <u>11/6/14</u>		Lic. # <u>010100235</u>

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. 06100235
4. Is the license currently in use? YES NO If no, how long has it been out of use? October 13, 2014

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

I, Francis Patrick Bertino declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of Arizona County of Pima

[Signature]
(Signature)

My commission expires on: 08/23/2017

The foregoing instrument was acknowledged before me this 14 day of November, 2014
 NOTARY PUBLIC - ARIZONA
 PIMA COUNTY
 MY COMMISSION EXPIRES
 AUGUST 23, 2017
[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 C E 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#

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BAR

License 06100235

Issue Date: 7/10/2012

Expiration Date: 9/30/2015

Issued To:

CATHERINE EMILY RODARTE-CLOCK, Agent
JCCRC LLC, Owner

Bar

Mailing Address:

Location:

COW PALACE
28802 S NOGALES HWY
AMADO, AZ 85645

CATHERINE EMILY RODARTE-CLOCK
JCCRC LLC
COW PALACE
P O BOX 1015
AMADO, AZ 85645

EXP 9/30/2015

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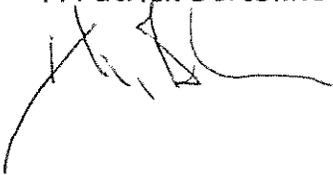
Arizona Department of Liquor Licenses and Control
800 West Washington 5th Floor
Phoenix, Arizona 85007-2934

To Whom it may Concern,

I, F. Patrick Bertolino, owner of the Cow Palace Restaurant located at 28802 South Nogales Highway in Amado, Arizona would like to transfer Arizona Liquor License Number 06100235, back into my name from Catherine Rodarte-Clock, Manager of JCCRC, LLC an Arizona Limited Liability Company.

JCCRC, were tenants of the above mentioned location and left the building without notice on Sunday, October 19, 2014 leaving the enclosed Bill of Sale/Transfer of the Liquor License.

Sincerely,
F. Patrick Bertolino

A handwritten signature in black ink, appearing to read 'F. Bertolino', with a long horizontal flourish extending to the right.

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.

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1. Name of Corporation/L.L.C.: FPBCP Enterprises, Inc
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: May 25 2004 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No.: 1134497-4 Date authorized to do business in AZ: 2-25-2004
4. AZ L.L.C. File No: _____ Date authorized to do business in AZ: _____
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
Bertolino	F.	Patrick	Pres.	PO Box 512 Amado	Az. 85645

(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
Bertolino	F.	Patrick	100	PO Box 512 Amado	Az. 85645

(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: Clock-Rodarte Catherine Emily Entity: Agent
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: JCCRC LLC
(Exactly as it appears on license)
3. Current Business Name: Cow Palace
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 28902 South Nogales Hwy
City, State, Zip Amado, Arizona 85645
5. License Type: #6 License Number: 06100235
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street P.O. Box 1015
(Other than business) City, State, Zip Amado, AZ 85645
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.

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10. I, Catherine Emily Rodarte-Clock 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, Catherine Emily Rodarte-Clock, declare that I am the CURRENT OWNER, AGENT, 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.

See Bill of Sale Attached
(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)

BILL OF SALE/TRANSFER OF LIQUOR LICENSE

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Know All Men By These Presents that JCCRC, LLC, an Arizona limited liability company, as Seller, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby sell, transfer, convey, and assign to FPBCP ENTERPRISES, INC., an Arizona corporation, as Buyer, all of Seller's right, title, and interest (if any and to the extent assignable) in and to the Arizona Liquor License Number 06100235 located at the Cow Palace Restaurant, 28802 South Nogales Highway, Amado, Arizona 85645.

Seller warrants that title so conveyed is good, and its transfer rightful, and that the license is free of any security interest, lien or encumbrance of which Buyer at the time of contracting had no knowledge (in particular, any sales or transactional privilege taxes charged for the State of Arizona or any other governmental unit in the State of Arizona).

The person executing represents that she has the power and authority to execute this Bill of Sale on behalf of JCCRC, LLC.

IN WITNESS WHEREOF, the undersigned has caused this Bill of Sale to be executed this 31 day of October, 2014.

SELLER:

JCCRC, LLC, an Arizona limited liability Company

By:

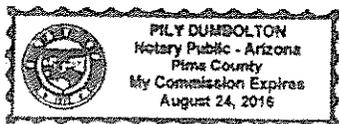


Catherine Rodarte-Clock, Manager of
JCCRC, LLC, an Arizona limited
liability company

STATE OF ARIZONA)
) ss.
COUNTY OF PIMA)

On this 31 day of October, 2014, before me personally appeared CATHERINE RODARTE-CLOCK, Manager of JCCRC, LLC, an Arizona limited liability Company, whose identity was proven to me on the basis of satisfactory evidence to be the person who she claims to be, and acknowledged that she signed the above document.

(SEAL)





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

14 NOV 6 Lique. Lic. Form 108

- Current Business: Name _____
(Exactly as it appears on license) Address _____
- New Business: Name _____
(Physical Street Location) Address _____
- License Type: _____ License Number: _____
- If more than one license to be transferred: License Type: _____ License Number: _____
- 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)
- 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: 2500 ft. Name of school Sopri School
Address Arivaca Rd. Amado AZ 85645
City, State, Zip

2. Distance to nearest church: 1500 ft. Name of church Amado Baptist Church
Address 2991 W. Frontage Rd Amado AZ 85645
City, State, Zip

3. I am the: Lessee Sublessee Owner Purchaser (of premises)

4. If the premises is leased give lessors: Name _____
Address _____
City, State, Zip

4a. Monthly rental/lease rate \$ _____ What is the remaining length of the lease ___ yrs. ___ mos.

4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
(give details - attach additional sheet if necessary)

5. What is the total business indebtedness for this license/location excluding the lease? \$ 0

Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

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 # 06100235 (exactly as it appears on license) Name Catherine ^{Emily} Rodarte Chok

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:

_____ and license #: _____
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

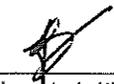
As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception 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.

applicant's initials

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

- 1. Check ALL boxes that apply to your business:
 Entrances/Exits Liquor storage areas No Patio Contiguous
 Service windows Drive-in windows 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 spiritous 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.

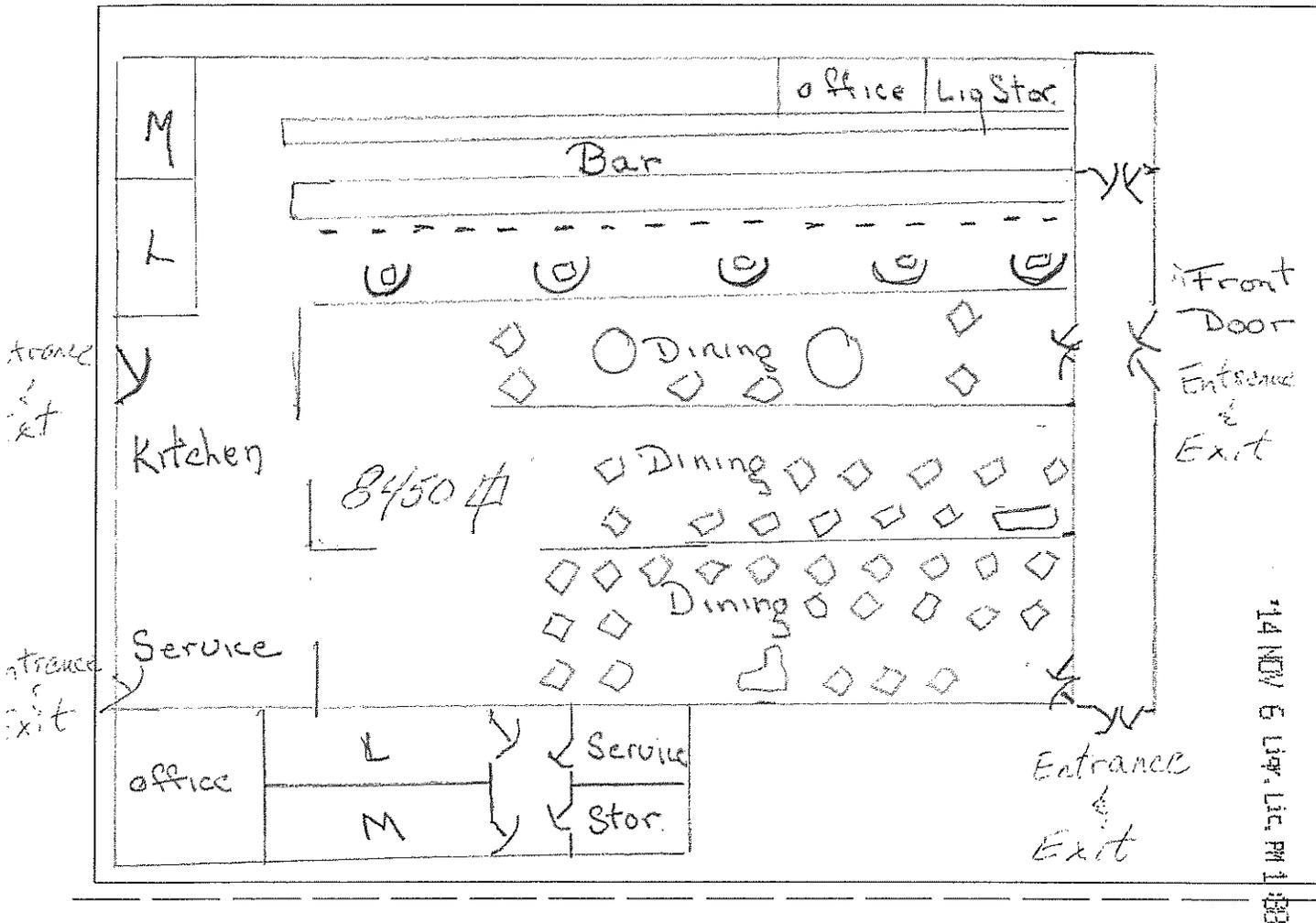

 applicants initials

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SECTION 15 Diagram of Premises

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 ↑.

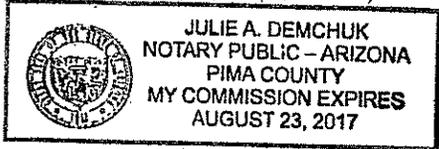
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, Francis Patrick Bertolino, 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 Pima

The foregoing instrument was acknowledged before me this 5th of November, 2014
Day Month Year

My commission expires on: 08/23/2017
Day Month Year

[Signature]
signature of NOTARY PUBLIC