

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) 351-8456

May 30, 2013

Mr. Thomas Robert Aguilera
Embassy Suites - La Paloma
4554 E. Camp Lowell Dr.
Tucson, AZ 85718

RE: Pima County Liquor License No.: 13-07-9149
d.b.a. Embassy Suites - La Paloma

Dear Mr. Aguilera:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 11, Hotel/Motel, which was received in our office on April 25, 2013. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, June 18, 2013, 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 that reads "Robin Brigode". The signature is fluid and cursive, with the first name "Robin" and last name "Brigode" clearly distinguishable.

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

7356
pete

AFFIDAVIT OF POSTING

Date of Posting: 5/21/13

Date of Posting Removal: 5/23/13

Applicant Name: **Embassy Suites - La Paloma**
Aguilera **Thomas** **Robert**
Last First Middle

Business Address: **3110 E. Skyline Drive** **Tucson, AZ** **85718**
Street City Zip

License #: **13-07-9149**
11103079

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.

PETER LODAP PIMA CNTY SD #7356 954 8967
Print Name of City/County Official Title Telephone #

[Signature] 7356 5/23/13
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

MAY 29 12PM 0312 POC CLK D BD



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Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 351-8456

TO: Development Services, Zoning Division
FROM: Maria Buenamea, Office Manager *MB*
DATE: May 1, 2013
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Thomas Robert Aguilera
d.b.a. Embassy Suites - La Paloma
3110 E. Skyline Drive
Tucson, AZ 85718

Pima County Liquor License No. 13-07-9149
Series 11, Hotel/Motel
New License X
Person Transfer
Location Transfer

ZONING REPORT

DATE: 5/8/13

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

MAY 09 13AM 03:46 POC CLK F-10
[Signature]



Pima County Clerk of the Board

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Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 351-8456

TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Maria Buenamea, Office Manager *MB*

DATE: May 1, 2013

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Thomas Robert Aguilera
d.b.a. Embassy Suites - La Paloma
3110 E. Skyline Drive
Tucson, AZ 85718

Pima County Liquor License No. 13-07-9149
Series 11, Hotel/Motel
New License X
Person Transfer
Location Transfer

SHERIFF'S REPORT

DATE: May 8, 2013

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

NOTHING NOTED. NFI.....

Sgt. J. Roat 1175 *JR*
Investigative Support Unit Supervisor

*13 APR 30 Lir. Lic. PM 2:45

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

AMENDMENT

13-07-9149

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, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 15 (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):

1. Type of License(s):

2. Total fees attached: \$

Department Use Only

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

The fees allowed under A.R.S. 44-6952 will be charged for all dishonored checks.

SECTION 4 Applicant

- ① Owner/Agent's Name: ☒ Mr. Luciana Thomas Robert
 (Insert one name ONLY to appear on license) Last First Middle
- ② Corp./Partnership/L.L.C.: SKLINE SUITES, LLC
 (Exactly as it appears on Articles of Inc. or Articles of Org.)
- ③ Business Name: EMBASSY SUITES - LA PALOMA
 (Exactly as it appears on the exterior of premises)
- ④ Principal Street Location: 3110 E. SKLINE DR. TUCSON PIMA 85718
 (Do not use PO Box Number) City County Zip

5. Business Phone: _____ Daytime Phone: _____ Email: _____
6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☐ NO
7. Mailing Address: _____
 City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: _____
 Application Interim Permit Site Inspection Finger Prints \$ _____
TOTAL OF ALL FEES

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

Accepted by: _____ Date: _____ Lic. # _____

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LICD101), 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.: SKYLINE SUTER, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: _____ State where Incorporated/Organized: _____
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
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

(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

(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 LICD101), 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

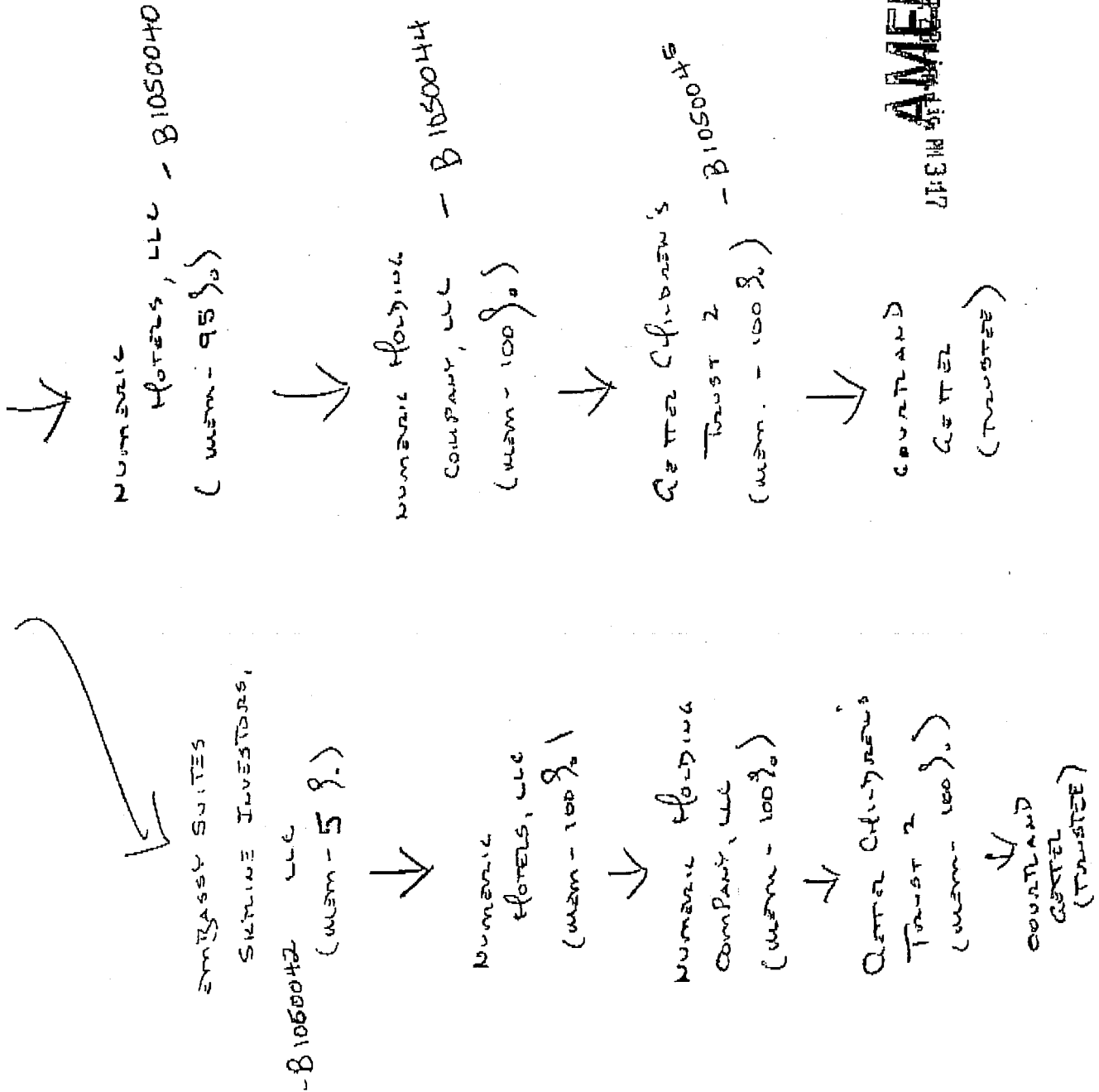
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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ENTERED

AMENDMENT

PL 3:17

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

13-07-9149

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): 11103079

1. Type of License(s): N/A 2. Total fees attached: \$ 194.00

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. AGUILERA Thomas Robert
 (Insert one name ONLY to appear on license) Last First Middle
 2. Corp./Partnership/L.L.C.: EMBASSY SUITES SKYLINE, LLC B1050039
 (Exactly as it appears on Articles of Inc. or Articles of Org.)
 3. Business Name: EMBASSY SUITES - LA PALOMA B1038129
 (Exactly as it appears on the exterior of premises)
 4. Principal Street Location 6350 N. CAMPBELL AVE. TULSON Pima B5f18
 (Do not use PO Box Number) City County Zip
 5. Business Phone: (520) 352-4000 Daytime Phone: (520) 622-1557 Email: Thomas@AGUILERA.LAW
 6. Is the business located within the incorporated limits of the above city or town? ☐ YES ☒ NO
 7. Mailing Address: 4554 E. CAMP LOWELL DR. TULSON AZ B5f12
 City State Zip
 8. Price paid for license only bar, beer and wine, or liquor store: Type N/A \$ N/A Type N/A \$ N/A

DEPARTMENT USE ONLY

Fees: 100.00 Application 50.00 Interim Permit 44.00 Site Inspection 194.00 Finger Prints \$ 194.00
 TOTAL OF ALL FEES

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

Accepted by: EV Date: 4.23.13 Lic. # 11103079

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.: EMBASSY SUITES SKYLINE, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)2. Date Incorporated/Organized: 03/20/2013 State where Incorporated/Organized: ARIZONA

3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____

4. AZ L.L.C. File No.: L-183347-0 Date authorized to do business in AZ: 03/22/20135. 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
NUMERIC	HOTELS		MEM.	3915 E. BROADWAY BLVD. #400	TULSON	AZ	85711
EMBASSY SUITES SKYLINE	INVESTORS		MEM.	3915 E. BROADWAY BLVD. #400	TULSON	AZ	85711
	LLC						

(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
NUMERIC	HOTELS		95	3915 E. BROADWAY BLVD. #400	TULSON	AZ	85711
NO ONE ELSE OWNS 10% OR MORE							
Flowchart Attached							

(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.

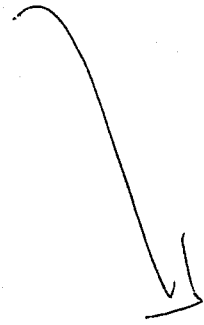
1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

EMBASSY SUITES SKYLINE, LLC



NUMERIX
HOTELS, LLC - B1050040
(MEM - 95%)

EMBASSY SUITES
SKYLINE INVESTORS,
LLC
-B1050042 (MEM - 5%)



NUMERIX HOLDING
COMPANY, LLC - B1050044
(MEM - 100%)



NUMERIX
HOTELS, LLC
(MEM - 100%)



QETER CHILDREN'S
TRUST 2 - B1050018
(MEM - 100%)



NUMERIX HOLDING
COMPANY, LLC
(MEM - 100%)



QETER CHILDREN'S
TRUST 2 (MEM - 100%)

COURTLAND

13 APR 23 14:17 PM 3:17

22 27

(TRUSTEE)

COURTLAND
QETER
(TRUSTEE)

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)
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: _____ 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 N/A
Address N/A
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ N/A What is the remaining length of the lease N/A yrs. N/A mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ N/A or other N/A
(give details - attach additional sheet if necessary)
5. What is the total business indebtedness for this license/location excluding the lease? \$ 14,000,000.00
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
OPUS BANK			\$14,000,000 ⁰⁰	12301 WILSHIRE BLVD.	LOS ANGELES, CA	90025

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

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.

Approx. 101,770 Total SQUARE FEET

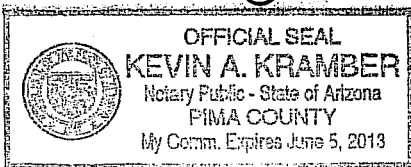
See Attached Diagram

*13 APR 23 1149. LIC. #M 3117

SECTION 16 Signature Block

I, Thomas Robert Lammara, 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)



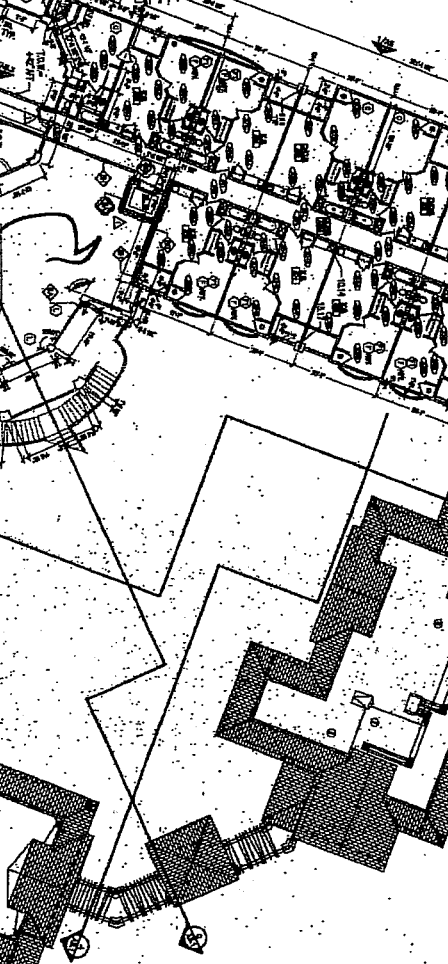
My commission expires on: June 5, 2013
Day Month Year

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

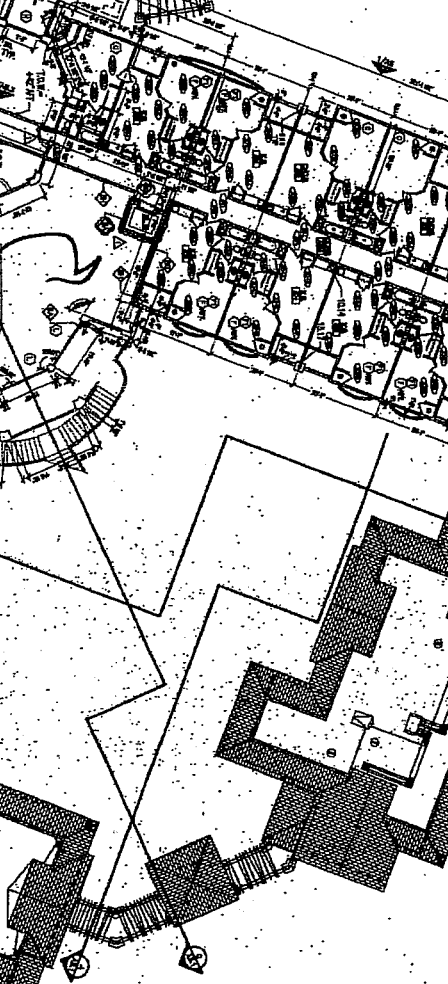
12th of April, 2013
Day Month Year

[Signature]
signature of NOTARY PUBLIC



EMERGENCY SUITES + SKYLARK DRIVE + CAMERON AVE
SECOND GROUP, LTD.
8078 E. SUNSHINE DRIVE, SUITE 205, TUCSON, AZ

UPPER LEVEL FLOOD PLAN



EMERGENCY SUITES + SKYLARK DRIVE + CAMERON AVE
SECOND GROUP, LTD.
8078 E. SUNSHINE DRIVE, SUITE 205, TUCSON, AZ

UPPER LEVEL FLOOD PLAN

[illegible][illegible][illegible]

An aerial photograph of a city street intersection. A red 'X' is drawn on the image, marking a specific location on the street. The surrounding area includes buildings, sidewalks, and other street features.

Architectural drawing of the Embassy Suites building facade. The drawing shows the entrance area with a canopy and signage. The text on the drawing includes:

- EMBASSY SUITES • SKYLINE DRIVE • CAMPBELL AVE
- SKYLINE GROUP, LTD.
- 3 E. SKYLINE DRIVE, SUITE 208, TUCSON, AZ
- MARK-LEVEL FLOOR PLAN
- A.P. STEERING
- ARCHITECT
- ENGINEER
- PLANNING
- DESIGN
- SUITE 208, SKYLINE DRIVE, TUCSON, AZ
- TEL. (602) 677-8888
- EMBASSY SUITES

Rooms

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12 MAY 1964

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THE MCGRAW-HILL COMPANIES

**GOLIN/COHEN
ARCHITECTS**

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SCORDA GROUP, LTD.
6570 E. SUNSHINE DRIVE, SUITE 200, TUCSON, AZ
MAIN LEVEL FLOOR PLAN

A.F. STERLING



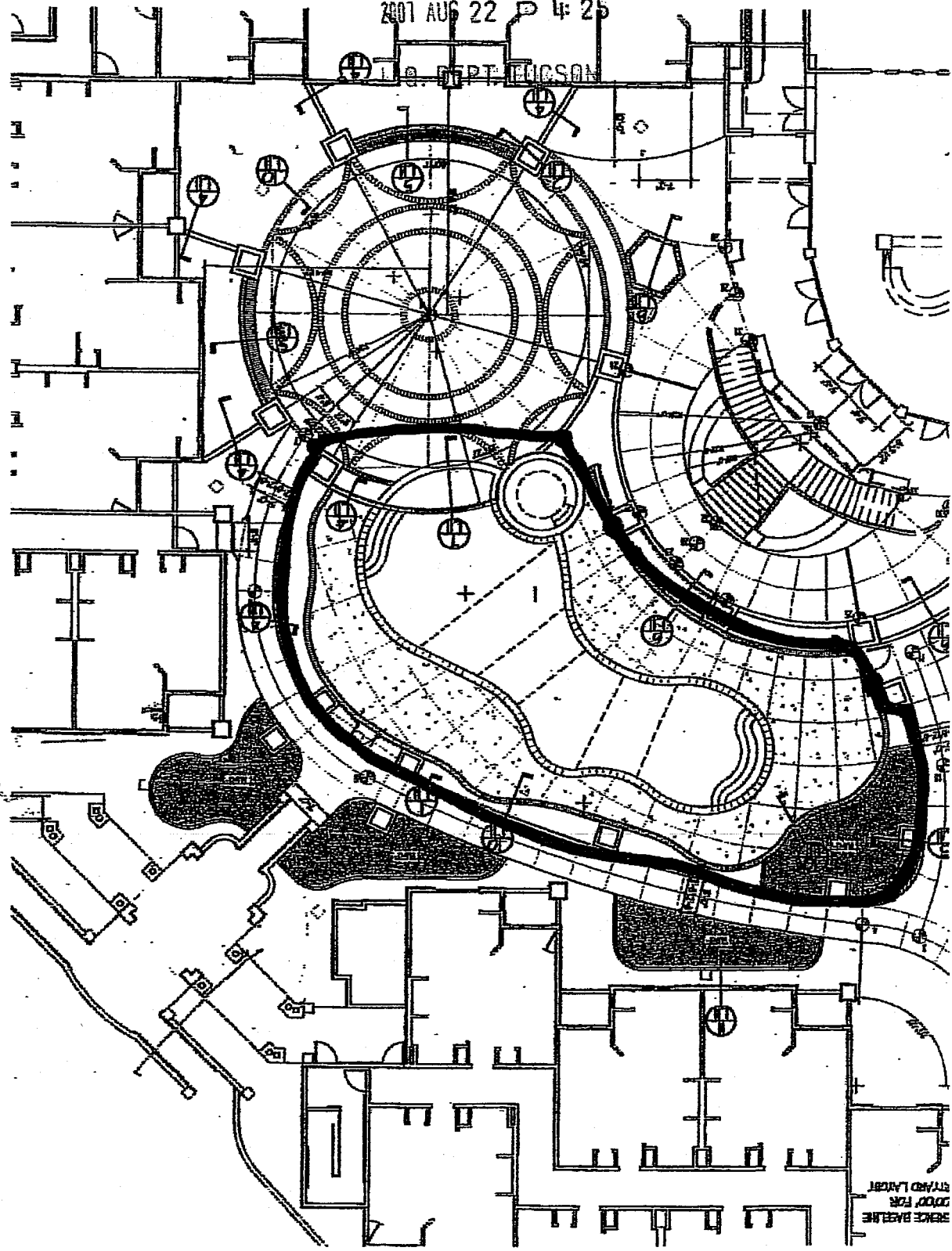
EMBASSY
CORPORATION

DATE	11-11-04	TIME	
LOCATION			
OFFICER			
REPORT			
2004			

Pool Area — 5' HIGH FENCE

2007 AUG 22 4: 25

1.2. DEPT. THURSON



SPACE BASELINE
DOOD FOR
STANDARD LAYOUT

**DEGLIN/COHEN
AFCHITECTS**

SUITE 100, TUCSON, AZ, 85710
FAX (520) 888-2088

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3570 E. SUNRISE DRIVE, SUITE 208, TUCSON, AZ.

COURT YARD GRADING PLAN

A. T. STERLING



3570 E. SUNRISE, SUITE 208
TUCUAC, AZ. 85710
TEL. (602) 577-3800.

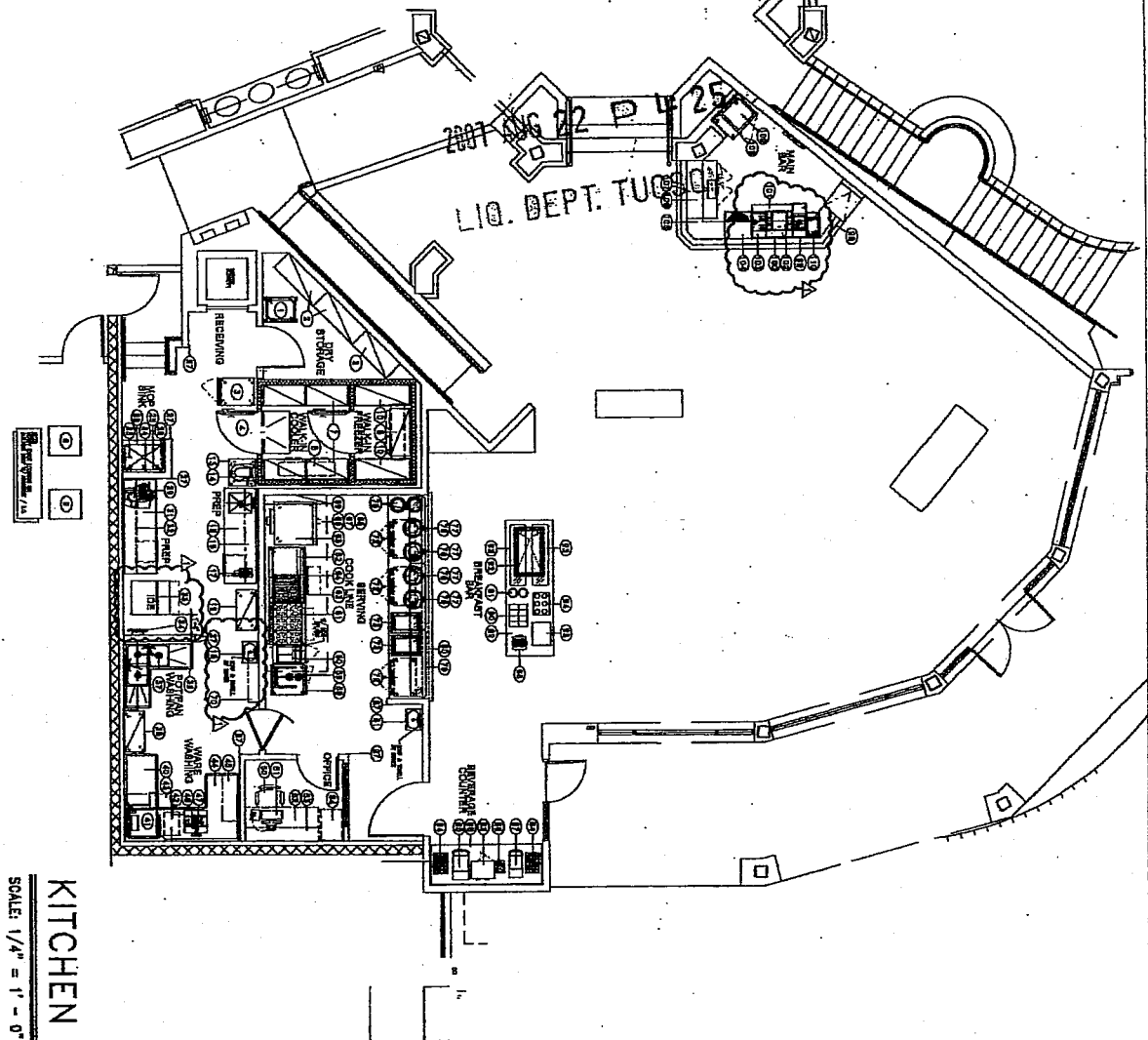
**EMBASSY
SUITE®**

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KITCHEN EQUIPMENT FLOOR PLAN

SCALE: 1/4" = 1' - 0"



- GENERAL NOTES:**
1. THESE PLANS ARE PREPARED FOR THE PURPOSE OF PROVIDING FOOD SERVICE EQUIPMENT LOCATIONS AND REQUIREMENTS ONLY AND ARE NOT TO BE CONSIDERED AS THE FINAL CONTRACT DOCUMENTS. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE GENERAL CONTRACTING AND INSTALLATION OF THE EQUIPMENT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE GENERAL CONTRACTING AND INSTALLATION OF THE EQUIPMENT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE GENERAL CONTRACTING AND INSTALLATION OF THE EQUIPMENT.
 2. IT SHALL BE THE RESPONSIBILITY OF THE OWNER AND/OR HIS AGENT TO PROVIDE THE FOOD SERVICE EQUIPMENT CONTRACTOR WITH THE NECESSARY INFORMATION TO COMPLETE THE WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE GENERAL CONTRACTING AND INSTALLATION OF THE EQUIPMENT.
 3. BEFORE CONSTRUCTION SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO OBTAIN ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE, AND FEDERAL AUTHORITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE GENERAL CONTRACTING AND INSTALLATION OF THE EQUIPMENT.
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EMBASSY SUITES
CAMPBELL & SKYLINE
TUCSON, ARIZONA

ARIZONA
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FAX: (520) 822-0650
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