



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 3, 2014

Fouad Khodr
Pita Jungle
7373 E. Doubletree Ranch Road No. 125
Scottsdale, AZ 85258

RE: Arizona Liquor License No.: 12104343
d.b.a. Pita Jungle

Dear Mr. Khodr:

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 28, 2014. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, December 16, 2014, 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".

Robin Brigode
Clerk of the Board

Enclosure

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL 11/19

800 W Washington 5th Floor
 Phoenix AZ 85007-2934
www.azliquor.gov
 (602) 542-5141

AFFIDAVIT OF POSTING

Date of Posting: 10/30/14 Date of Posting Removal: 11/19/14

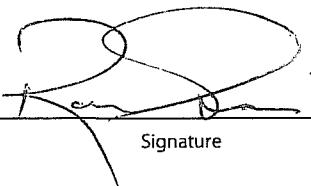
Pita Jungle
 Applicant Name: Khodr Fouad
 Last First Middle

Business Address: 7090 N. Oracle Road No. 128 Tucson, AZ 85704
 Street City Zip

License #: 12104343

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 #6175 PCSD 351-6000
 Print Name of City/County Official Title Telephone #


 Signature 11/19/14 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



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

TO: Development Services, Zoning Division

FROM: Bernadette Russell *bf*
Administrative Support Specialist

DATE: October 29, 2014

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Fouad Khodr
d.b.a. Pita Jungle
7090 N. Oracle Road No. 128
Tucson, AZ 85704

Arizona Liquor License No. 12104343

Series 12, Restaurant

New License

Person Transfer

Location Transfer

ZONING REPORT

DATE: 11/5/14

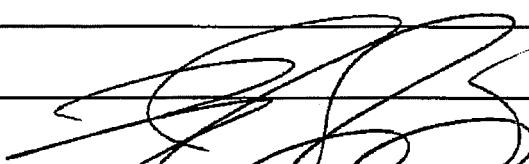
Will current zoning regulations permit the issuance of the license at this location?

Yes No

If No, please provide the following:

Pursuant to Pima County Zoning Code, Section: _____

the applicant must: _____


Pima County Zoning Inspector

NOV 06 2014 MC824 PC CLK/FF RD *bf*



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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Bernadette Russell *bjr*
Administrative Support Specialist

DATE: October 29, 2014

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Fouad Khodr
d.b.a. Pita Jungle
7090 N. Oracle Road No. 128
Tucson, AZ 85704

Arizona Liquor License No. 12104343

Series 12, Restaurant

New License

Person Transfer

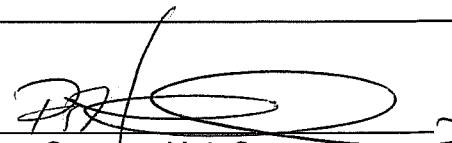
Location Transfer

SHERIFF'S REPORT

DATE: 11/26/04

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

NONE *NOTE*

BB 
Investigative Support Unit Supervisor

DEC 02 2014 PM0205 PC CLK (OF BPD)

423

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

14-34-9202

AMENDMENT

APPLICATION FOR LIQUOR LICENSETYPE 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): 12104343

1. Type of License(s): _____

2. Total fees attached:

\$ 316 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: Mr. Khodr Fouad
 (Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: _____
 (Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: _____
 (Exactly as it appears on the exterior of premises)

4. Principal Street Location _____
 (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:	<u>100</u>	<u>100</u>	<u>50</u>	<u>66</u>	\$ <u>316</u>
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: SG Date: 10/24/14 Lic. # 12104343

DCT 28-14-1150 PC CLK IFD

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

14-34-9202

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): 121043431. Type of License(s): Series 12

Department Use Only

2. Total fees attached:

\$

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. Khodr Found Abdallah
 (Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: Pita Jungle Oro Valley, LLC B1049479
 (Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Pita Jungle B1019117
 (Exactly as it appears on the exterior of premises)

4. Principal Street Location 7090 N. Oracle Rd. #128 Tucson Pima 85704
 520-797-7482 (Do not use PO Box Number) 520-797-7482 City County Zip

5. Business Phone: 480-964-2427 Daytime Phone: 480-964-2427 Email: accounting@pita-jungle.com

6. Is the business located within the incorporated limits of the above city or town? YES NO

7. Mailing Address: 7373 E. Doubletree Ranch Rd. #125, Scottsdale, AZ 85258
 City State Zip

8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: 100.00
 Application

100.00
 Interim Permit

50.00
 Site Inspection

60.00
 Finger Prints \$ _____
TOTAL OF ALL FEES

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

Accepted by: FJ Date: _____ Lic. # _____

FCT 28144N151PCCLKTFB

SECTION 5 Interim Permit:

14 OCT 24 Lic. Lic. # 358

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. 12104256
4. Is the license currently in use? YES NO If no, how long has it been out of use? _____

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

I, DANIEL B. COEN, 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.

X Daniel B. Coen (Signature) State of AZ County of Pima
 My commission expires on: 10/15/14 The foregoing instrument was acknowledged before me this
 MARGIE HARDING 79 day of MAY, 2014
 Notary Public - Arizona Pima County Day Month Year
 My Commission Expires June 15, 2014 Margie Harding
 (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 N 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#

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 12104256

Issue Date: 12/30/2013

Expiration Date: 9/30/2015

Issued To:

DANIEL BRUCE CHAVIS, Agent
JUNGLE PARTNERS II LLC, Owner

Restaurant

Mailing Address:

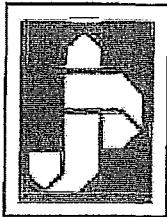
DANIEL BRUCE CHAVIS
JUNGLE PARTNERS II LLC
PITA JUNGLE
P O BOX 12901
TUCSON, AZ 85732

Location:

PITA JUNGLE
7090 N ORACLE RD #128
TUCSON, AZ 85704

EXP 09/30/2015

POST THIS LICENSE IN A CONSPICUOUS PLACE



October 24, 2014

State of Arizona
Department of Liquor Licenses and Control
800 W. Washington, 5th Floor
Phoenix, AZ 85007

To Whom it Concerns:

The purpose of this letter is to confirm that "Pita Jungle Oro Valley, LLC" is the tenant under the lease and is occupying the space located at 7090 N. Oracle Rd., # 128, Tucson, AZ 85704. The entity "Jungle Partners II, LLC" is not the tenant under the lease nor is it occupying the space.

Sincerely,

M. Knott La Toscana LLC, a Delaware limited liability company,
JT La Toscana LLC, a Delaware limited liability company, and
Hackett La Toscana LLC, a Delaware limited liability company

A handwritten signature in black ink, appearing to read "Jack Jakosky".

Jack Jakosky

JAKOSKY PROPERTIES
503 32ND STREET, SUITE 200
NEWPORT BEACH
CALIFORNIA 92663
949 • 673 • 0500
FAX 949 • 673 • 2258

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.: P.I. to Jungle Oro Valley, L.L.C.
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 3-8-12 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: L17451332 Date authorized to do business in AZ: 3-14-12
3-14-12

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
<u>Jungle Concepts, LLC (see attached)</u>			Member	<u>7373 E Doubletree Ranch Rd #125, Scottsdale, AZ 85258</u>	

(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
<u>Jungle Concepts, LLC (see attached)</u>			100%	<u>7373 E Doubletree Ranch Rd #125, Scottsdale, AZ 85258</u>	

(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 7:

Number 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.

JUNGLE CONCEPTS, L.L.C.

Last	First	Middle	Title	Mailing Address	% Owned
Khodr	Fouad	Abdallah	Managing Member	6111 E. Nauni Valley, Paradise Valley, AZ 85253	34%
Kohsok	Nelly	Barbara	Managing Member	6908 E. Mariposa Dr., Scottsdale, AZ 85251	33%
Osmani	Bassel	Nizar	Managing Member	4068 N. 58 th St., Phoenix, AZ 85018	33%

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

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

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: _____ Entity: _____
(Exactly as it appears on license) Last _____ First _____ Middle _____ (Indiv., Agent, etc.)

2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)

3. Current Business Name: _____
(Exactly as it appears on license)

4. Physical Street Location of Business: Street _____
City, State, Zip _____

5. License Type: _____ License Number: _____

6. If more than one license to be transferred: License Type: _____ License Number: _____

7. Current Mailing Address: Street _____
(Other than business)
City, State, Zip _____

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.

10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
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, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

Day

Month

Year

My commission expires on: _____

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

1. Distance to nearest school: 350 ft. Name of school Edge Charter School Northwest
 Address 231 W. Granada Way, Tucson, AZ 85704
 City, State, Zip

2. Distance to nearest church: 1800 ft. Name of church Lucas Adobe Congregational United Church of Christ
 Address 6801 N. Oracle Rd., Tucson, AZ 85704
 City, State, Zip

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

4. If the premises is leased give lessors: Name Hackett La Toscana, LLC
 Address 503 32nd St. #200, Newport Beach, CA 92663
 City, State, Zip

4a. Monthly rental/lease rate \$ 5027 What is the remaining length of the lease 9 yrs. 0 mos.

4b. What is the penalty if the lease is not fulfilled? \$ 0 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)? Full Service Restaurant

SECTION 13 - continued

14 OCT 24 LIP, Lic. # 4 00

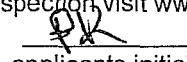
7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?

 YES NO If yes, attach explanation.8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO9. Is the premises currently licensed with a liquor license? YES NO If yes, give license number and licensee's name:License # 12104256 (exactly as it appears on license) Name Daniel Bruce Chavis
Daniel Bruce ChavisSECTION 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:Chavis Daniel Bruce and license #: 12104256

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

1. 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 checked="" type="checkbox"/> Service windows	<input type="checkbox"/> Drive-in windows	<input type="checkbox"/> 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 spirituous 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.

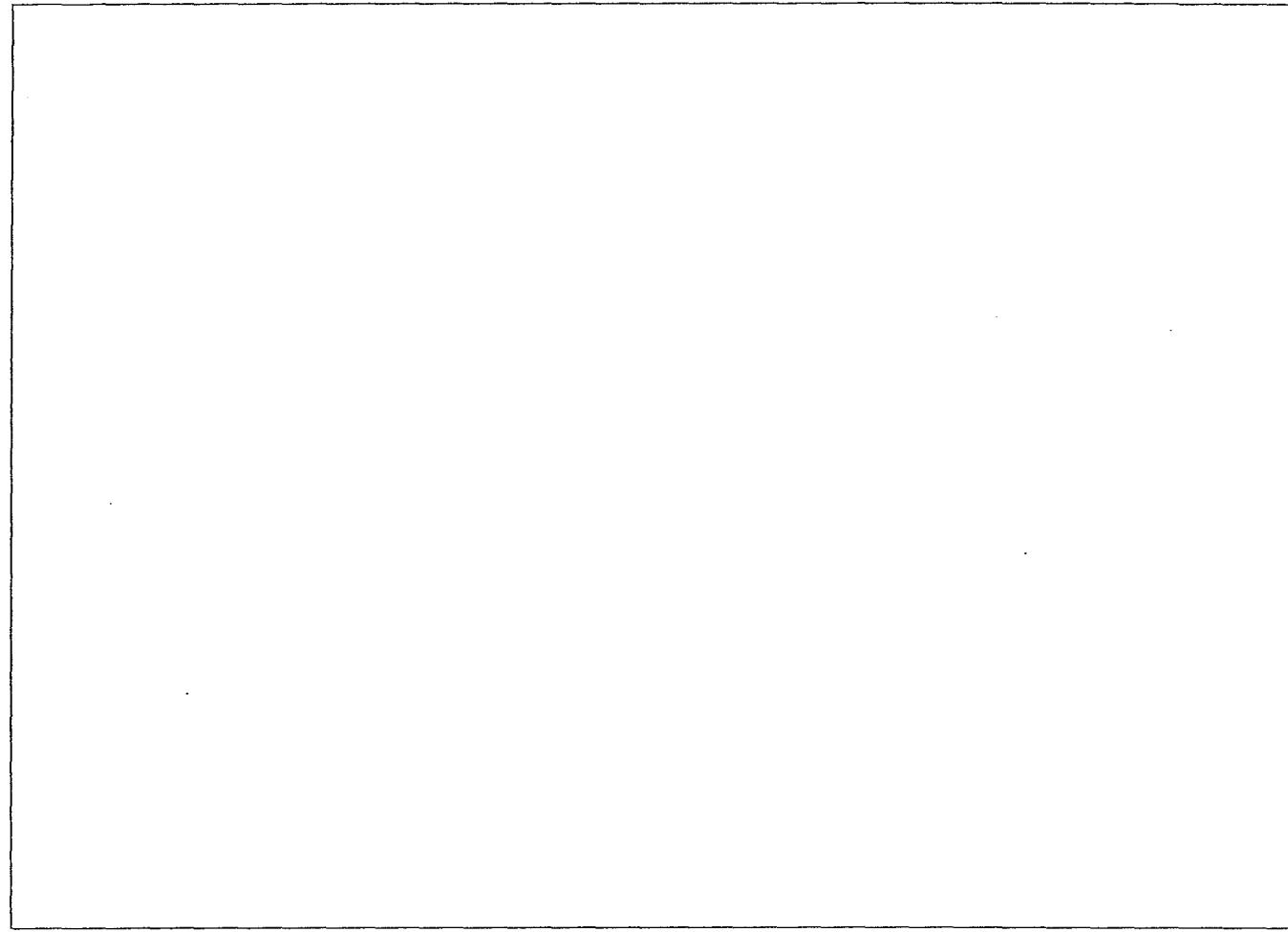
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.


applicants initials

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

Found khodr

(print full name of applicant)

AMENDMENT

, 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.

(signature of applicant listed in Section 4, Question 1)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

of _____, _____, _____
Day Month Year

My commission expires on : _____
Day Month Year

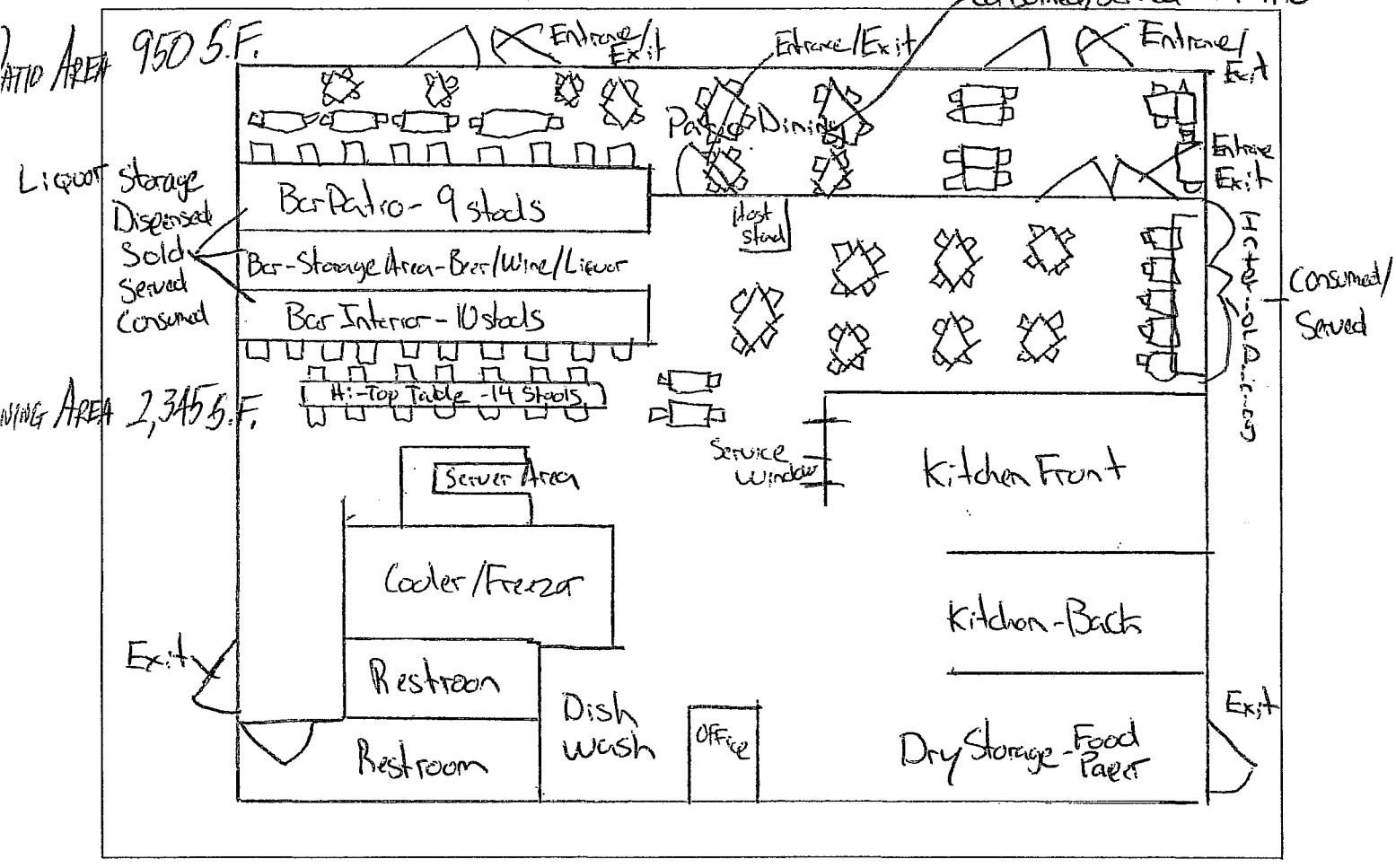
signature of NOTARY PUBLIC

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.

Consumed/Served on Patio

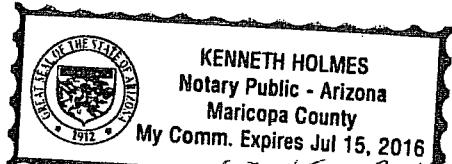


SECTION 16 Signature Block

I, Farouk Abdallah Khodr, 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 of applicant listed in Section 4, Question 1)



My commission expires on: 07/15/2016
Day Month Year

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

12 of June, 2014
Day Month Year

Kenneth Holmes
signature of NOTARY PUBLIC