

# Pima County Clerk of the Board

Robin Brigode

**Mary Jo Furphy**  
Deputy Clerk

**Administration Division**  
130 W. Congress, 5<sup>th</sup> 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 cursive script 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

Applicant Name: Pita Jungle  
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  
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



# Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> 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 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 X  
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 14 08:24 PC CLK OF BD *pt*



# Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> 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: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Bernadette Russell *BR*  
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 X  
Person Transfer     
Location Transfer   

SHERIFF'S REPORT

DATE: 11/26/14

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

NONE NOTED

*[Signature]*  
Investigative Support Unit Supervisor

DEC 02 14 PM 02:05 PC CLK DF RD

*[Circular stamp]*

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 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): 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 Fowad  
(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: 100 100 50 166 \$ 316  
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

## Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

14-34-9202

OCT 28 14 AM 11:51 PCC CLK OF BD

## 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):

1. Type of License(s): Series 12

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. 44-6852 will be charged for all dishonored checks.

## SECTION 4 Applicant

1. Owner/Agent's Name: Mr. Khodr Fouad Abdallah  
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Pita Jungle Oro Valley, LLC 81049479  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Pita Jungle 81049479  
(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: 480-969-2427 Daytime Phone: 480-969-2427 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<sup>00</sup> 100<sup>00</sup> 50<sup>00</sup> 60<sup>00</sup> \$ \_\_\_\_\_  
Application Interim Permit Site Inspection Finger Prints

**TOTAL OF ALL FEES**

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☐ YES ☐ NOAccepted by: FD Date: \_\_\_\_\_ Lic. # \_\_\_\_\_

**SECTION 5 Interim Permit:**

14 OCT 24 Lic. Lic. PM 3 58

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 BOVECHUIS, 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 [Signature] State of AZ County of PIMA  
 (Signature) The foregoing instrument was acknowledged before me this  
 My commission expires on: 6-15-14 Day of MAY 2014  
 Notary Public - Arizona Pima County  
 My Commission Expires June 15, 2014  
[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"/>						
<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

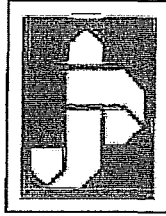
EXP 9/30/2015



POST THIS LICENSE IN A CONSPICUOUS PLACE



14 OCT 24 LIQ. LIC. PM 3 58



October 24, 2014

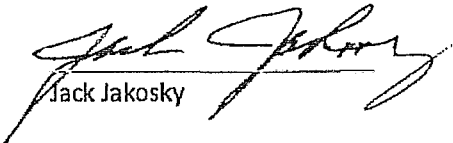
State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington, 5<sup>th</sup> Floor  
Phoenix, AZ 85007

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

  
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.:**

\*14 OCT 24 Lic. Lic. PM 4 00

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.: Pita 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  
3-14-125. 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
Jungle Concepts, LLC (see attached)			Member	7373 E. Doubletree Ranch Rd #125, Scottsdale, AZ			85258

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

(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.**

<b>Last First Middle</b>	<b>Title</b>	<b>Mailing Address</b>	<b>% Owned</b>
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 <sup>th</sup> 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: \_\_\_\_\_  
(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: \_\_\_\_\_ 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: \_\_\_\_\_  
(Other than business) Street \_\_\_\_\_  
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

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
(Signature of 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

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: 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 Cross Abides 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 LIQ. LIC. PM 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 ☒ NO
9. 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 Chavis

**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:  
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.

[Signature]  
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](http://www.azliquor.gov) and click on the "Information" tab.

[Initials]  
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:
- |   |  |   |
|---|--|---|
| <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.

[Initials]  
applicant's 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

AMENDMENT

X Fouad khodr, hereby declare that I am the OWNER/AGENT filing this  
(print full name of applicant)

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)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

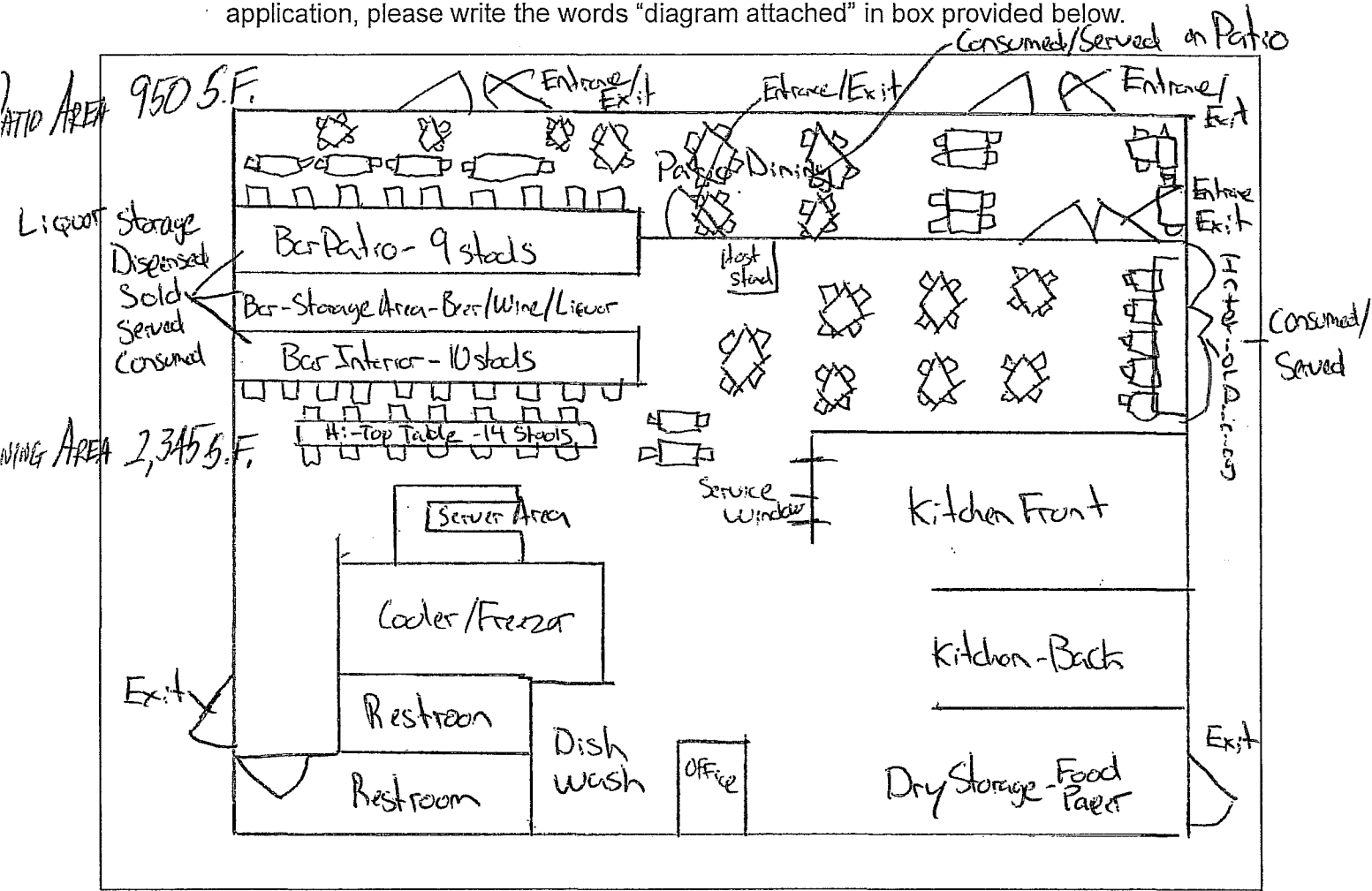
My commission expires on : \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
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.



## SECTION 16 Signature Block

I, Fouad 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.

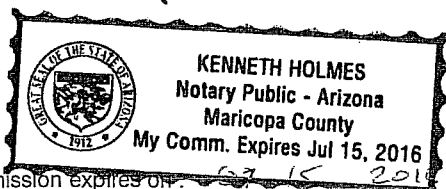
X [Signature]  
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

12 of June, 2014  
Day Month Year

[Signature]  
signature of NOTARY PUBLIC



My commission expires on 07-15-2016  
Day Month Year