

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

May 1, 2015

Roger Kenneth Burton Giant Store No. 625 1250 W. Washington Street, No. 101 Tempe, AZ 85281

RE: Arizona Liquor License No.: 10103780 d.b.a. Giant Store No. 625

Dear Mr. Burton:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 10, Beer and Wine Store, which was received in our office on April 7, 2015. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, May 19, 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

Should you have any questions pertaining to this matter, please contact this office at (520)724-8449.

Sincerely,

Robin Brigode

Robin Brigode Clerk of the Board

Enclosure

			,	Print Form
	ARIZONA DEPARTM	ENT OF LIQUOR LICENSES AND C	ONTROL 4/36	
		W Washington 5th Floor oenix AZ 85007-2934 www.azliquor.gov (602) 542-5141		(F FINA)
		<u>AFFIDAVIT OF POSTING</u>		1127-12 110-12 1127-12 110 110-12 110-12 110-12 110-12 110 110
Date of Posting:	4/10/15	Date of Posting Removal:	4/30/15	PR 300 EPMC
	Giant/Store No. 6	25		
Applicant Name:	Burton	Roger	Kenneth	
	Last	First	Middle	
Business Address: _	2075 W. Ruthrauff	Tucson, AZ	85705	
	Street	City	Zip	

License #: 10103780

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.

K. GRENIER, #6175 PCSD 351 Title Print Name of City/County Official Telephone #

<u>30</u> Daté Sa Signature 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

Lic0119 4/2009



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RECONSTRUCTION OF A CONTRACT O

то:	Development Services, Zoning Division
FROM:	Bernadette Russell bl Administrative Support Specialist
DATE:	April 9, 2015
RE:	Zoning Report - Application for Liquor License
Attached is	the application of

Attached is the application of:

Roger Kenneth Burton d.b.a. Giant Store No. 625 2075 W. Ruthrauff Tucson, AZ 85705

Arizona Liquor License No. <u>10103780</u>	0
Series 10, Beer and Wine Store	_
New License X	
Person Transfer	
Location Transfer	

ZONING REPORT

DATE:

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



No 🗌

If No, please explain:

Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov



Pima County Clerk of the Board

Robin Brigode

Administration Division130 W. Congress, 5th FloorMary Jo FurphyTucson, AZ 86701Deputy ClerkPhone: (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	٠ <u>۴</u>	1
FROM:	Bernadette Russell {} Administrative Support Specialist		
DATE:	April 9, 2015		
RE:	Sheriff's Report - Application for Liquor License		
Attached	is the application of:		app 1 72 -
Roger Ke	nneth Burton		

d.b.a. Giant Store No. 625 2075 W. Ruthrauff Tucson, AZ 85705

Arizona Liquor License No. <u>10103780</u> Series <u>10, Beer and Wine Store</u> New License <u>X</u> Person Transfer _____ Location Transfer _____

SHERIFF'S REPORT

DATE: 04/10/15

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

NOTHING NOTED BEEN ANPROJED IN DAST) 1226

Investigative Support Unit Supervisor

When complete, please return to cob mail@pima.gov

* 15 MAR 20 Lig. Lic. M10:44

Arizona Department of Liquor L 800 West Washington, Phoenix, Arizona 8 www.azliquor.g 602-542-5141 <u>APPLICATION FOR LIQU</u>	5th Floor 5007 ov 15-699121 JOR LICENSE
TYPE OR PRINT WITH E	BLACK INK
Notice: Effective Nov. 1, 1997, <u>All Owners, Agents, Partners, Stockholders, Officers, of the business</u> must attend a Department approved liquor law training course or provide	BLACK INK or Managers actively involved in the day to day operations of de proof of attendance within the last five years. See page 5 of
the Liquor Licensing requirements.	
SECTION 1 This application is for a:	SECTION 2 Type of ownership:
MORE THAN ONE LICENSE	SECTION 2 Type of ownership:
INTERIM PERMIT Complete Section 5	J.T.W.R.O.S. Complete Section 6
NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16	INDIVIDUAL Complete Section 6
PERSON TRANSFER (Bars & Liquor Stores ONLY)	PARTNERSHIP Complete Section 6
Complete Sections 2, 3, 4, 11, 13, 15, 16	CORPORATION Complete Section 7
LOCATION TRANSFER (Bars and Liquor Stores ONLY)	X LIMITED LIABILITY CO. Complete Section 7
Complete Sections 2, 3, 4, 12, 13, 15, 16	
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)	GOVERNMENT Complete Section 10
GOVERNMENT Complete Sections 2, 3, 4, 9, 13, 16 (lee not required)	OTHER (Explain)
SECTION 3 Type of license and fees LICENSE #(s):	03780
1. Type of License(s): Beer and Wine Series 10	Department Use Only
2. Total fees attack	
APPLICATION FEE AND INTERIM PERMIT FEES (IF	
	a charged for all dichonored checks
	e charged for all dishonored checks.
nangana mananga panangan panangan manangan kananga pananga papangan kanangan kanangan kanangan kanangan kananga	
SECTION 4 Applicant	PID58532
SECTION 4 Applicant	
SECTION 4 Applicant X Mr. Burton, Roger Kenneth (Insert one name ONLY to appear on license) Last	PD58532
SECTION 4 Applicant X Mr. Burton, Roger Kenneth (Insert one name ONLY to appear on license) Last	PID5 8532
SECTION 4 Applicant X Mr. Burton, Roger Kenneth 1. Owner/Agent's Name:	First RU10 52642
SECTION 4 Applicant Image: Section 4 Mr. 1. Owner/Agent's Name: Ms. Ms. (Insert one name ONLY to appear on license) Last 2. Corp./Partnership/L.L.C.: Western Refining Retail, LLC (Exactly as it appears on Articles of Inc. or Articles	First R1058532
SECTION 4 Applicant Image:	First だいのちろうえ First だいのちろしよう es of Org.) <u>B1009005</u>
SECTION 4 Applicant I. Owner/Agent's Name: Ms. Burton, Roger Kenneth (Insert one name ONLY to appear on license) Last 2. Corp./Partnership/L.L.C.: Western Refining Retail, LLC (Exactly as it appears on Articles of Inc. or Article 3. Business Name: Giant Store #625 (Exactly as it appears on the exterior of premises)	First B1009005
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SECTION 4 Applicant Image: I	First BIDD \$532 First BIDD 9005 a BIDD 9005 Pima 85705 City County Zip 1922 Email: roger.burton@wnr.com / or town? ITYES NO tate Type\$ ONLY Type\$ DNLY TOTAL OF ALL FEES
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SECTION 5 Interim Permit:

- 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. 10103621
- 4. Is the license currently in use? I YES NO If no, how long has it been out of use?_____

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

Print full name), 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.

NARICOCI State of County of enn The foregoing instrument was acknowledged before me this (Signature) Mariann Mattia ARY PUBLIC - ARIZONA of My commission expires on: ARICOPA COUNTY Da۱ My Commission Expires June 10, 2018 Signature of NOTARY PUBL

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
) Y R	ASSECENE

2. Is any person, other than the above, going to share in the profits/losses of the business? 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#

SECTION 7 Corporation/Limited Liability Co.:

* 15 MAR 20 Liq. Lic.: #10:44

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.: Western Refining Retail, LLC

(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 09/25/2014 State where Incorporated/Organized: Delaware

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

4. AZ L.L.C. File No: R-1954747-6 Date authorized to do business in AZ: 10/2/2014

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
Western Refinin	ng Southwest, Inc.		Sole Memb	1250 W. Washington Street # 101, Ten	npe, AZ 85281
-					

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	<u> </u>	Middle	% Owned	Ivialling Address	City State Zip
Western Refining Southwest, Inc.		100	1250 W. Washington Street # 101, T	empe, AZ 85281	

(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:

(Exactly as it appears on Club Charter or Bylaws)

Date Chartered:

(Attach a copy of Club Charter or Bylaws)

2.	Is club	non-profit?	🗆 YES	
----	---------	-------------	-------	--

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip
		,,			
			1		

Western Refining Southwest, Inc.

Sole Member of Western Refining Retail, LLC

The following officers are officers of: Western Refining Retail, LLC and Western Refining Southwest, Inc.

Robert C. Sprouse, Vice President-Retail
 1250 W. Washington St., # 101, Tempe, AZ 85281

Gary R. Dalke, Chief Financial Officer 1250 W. Washington St., # 101, Tempe, AZ 85281

William R. Jewell, Chief Accounting Officer 1250 W. Washington St., # 101, Tempe, AZ 85281

Mark J. Smith, President – Refining and Marketing 1250 W. Washington St., # 101, Tempe, AZ 85281

Giant Industries, Inc.

100% stockholder of Western Refining Southwest, Inc.

Western Refining, Inc. (NYSE: WNR) – Publicly Traded Company

100% stockholder of Giant Industries, Inc.

The following officers are officers of: Giant Industries, Inc. and Western Refining, Inc.

Gary R. Dalke, Chief Financial Officer 1250 W. Washington St., # 101, Tempe, AZ 85281

William R. Jewell, Chief Accounting Officer 1250 W. Washington St., # 101, Tempe, AZ 85281

Mark J. Smith, President – Refining and Marketing 1250 W. Washington St., # 101, Tempe, AZ 85281

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bg中的的 Ser Lic 解释

*

1. Current Licensee's Name: (Exactly as it appears on license)	Last		First	Middle	
2. Assignee's Name:	·····				м
3. License Type:		Firs r:	st Date o	Middle of Last Renewal:	
4. ATTACH TO THIS APPLICATI DECREE THAT SPECIFICALI	ION A CERTIFIED COPY OF	THE WILL, PR	OBATE DISTRIBUTIO	N INSTRUMENT,	, OR DIVORCE
SECTION 10 Governmen	t: (for cities, towns, or c	counties only)		eren konzeriet konzerietza konzerietza kimi
1. Governmental Entity:					<u></u>
2. Person/designee:	Last	First	Middle	Contact	Phone Number
A SEPARATE LICENSE	MUST BE OBTAINED FO	R EACH PREM			
SECTION 11 Person to P	erson Transfer:		naanse kestanna <u>maankan</u> kenytan	i Mahakaramang Delphipurgawan ngapatèn	antan katapantaka katapantanyak katapantan pang
Questions to be completed b	OV CURRENT LICENSEE	(Bars and Li	quor Stores ONLY-{	Series 06,07, ar	nd 09).
1. Current Licensee's Name: . (Exactly as it appears on license)			Middle	Entity:	(India Agopt etc.)
2. Corporation/L.L.C. Name: _		FRSL	Midule		(indiv., Ageni, etc.)
e. corporatorse.e.o. Namo.	(Exactly as it appears on lice	ense)	,,, ,, ,, ,, ,, ,, ,, , _,, ,, ,, ,, ,, ,, , _, ,, ,, ,, ,, , _, ,, ,, ,, ,, , _, ,, ,, ,, ,, ,, , _, ,, ,, , _, ,, ,, , _, ,, ,, , _, ,, ,, , _, ,, ,, , _, ,, , _, ,, , _, ,, , _, ,, , _, ,, , _, ,, , _, ,, , _, ,, , ,, , _, ,, , , ,		-
3. Current Business Name: _	(Exactly as it appears on lic	ense)		<u> </u>	······································
4. Physical Street Location of					
	City, State, Zip				
5. License Type:					
6. If more than one license to	be transfered: License Ty	уре:	Licens	e Number:	
7. Current Mailing Address:	Street				
(Other than business)	City, State, Zip				
8. Have all creditors, lien hold		been notified	of this transfer?		
9. Does the applicant intend t 5 of this application, attacl	o operate the business w	hile this applic	ation is pending? \Box		yes, complete Section
10. I,		_, hereby auth	orize the departmen	it to process this	s application to transfer th
(print full name) privilege of the license to t conditions, I certify that the					
					IT, MEMBER, PARTNER
(print full name) STOCKHOLDER, or LICE true, correct, and complete	NSEE of the stated licens	e. I have read	d the above Section	11 and confirm t	that all statements are
					nty of
(Signature of Cl	JRRENT LICENSEE)		The foregoing ins	strument was ac	cknowledged before me th
			Day	Montl	h Year
My commission expires on:					

4

r.

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY) ¹⁵ MR 20 Liq. Lic. 间10归4 APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Bus		Name				
(Exactly as it	appears on license)					
2. New Business:		Name				
(Physical Stre						
3. License Typ	be:					
4. If more than	one license to be	transferred: Licer	ise Type:	License	Number:	
5. What date of	do you plan to mov	e?		What date do you p	lan to open?	
	3 Questions for		licants <u>excludin</u>	g those applying for g		
he director, within th indergarten progra	hree hundred (300) ho	rizontal feet of a chu hrough (12) or within	rch, within three hund	mises which are at the time the fred (300) horizontal feet of a horizonal feet of a fenced rec	public or private school	building with
	license (§ 4-205.02) l license (§ 4-205.01)			Government license (§ 4-205 Fenced playing area of a golf		
1. Distance t	to nearest school:	<u>2,112</u> ft.	Name of school	Centennial Elementary So	chool	
		A	ddress 2200 W. W	etmore Road, Tucson, AZ		
		7 1 1 7		City, Stat	•	
2. Distance to	o nearest church:			Church of Jesus Christ of		<u> </u>
		A	ddress 4516 North	h Hansa Drive, Tucson, AZ		
3. I am the:	Lessee	□ Sublessee [] Owner 🔲 P	City, State urchaser (of premises)	e, Zip	
4. If the premis	ses is leased give l					
		Address 19	80 Mountain Blvd	. # 208 Oakland, CA 9461		
4a. Monthly re	ntal/lease rate $\frac{3}{2}$,500.00V	Vhat is the remai	City, State, ning length of the lease		
4b. What is the	e penalty if the lea	se is not fulfilled?	° \$		· · · · · · · · · · · · · · · · · · ·	
	otal <u>business</u> indeb nders you owe mo		cense/location exc	(give details - atta luding the lease? \$_0	ach additional sheet if	necessary)
Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
			··			
	····					
			1	······		<u></u> J

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Gas Station/Convenience store

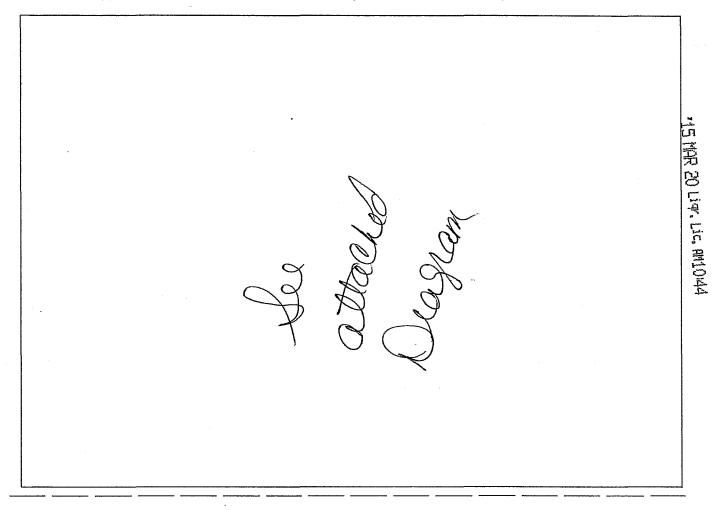
<u>SE</u>	CTION 13 - continued	'15 MR 20 Lig. Lic. m10:44				
7. ł	Has a license or a transfer license for the premises on this applic \Box YES 🖾 NO If yes, attach explanation.	ation been denied by the state within the past one (1) year?				
8. [Does any spirituous liquor manufacturer, wholesaler, or employ	/ee have any interest in your business? □YES ⊠ NO				
9. I	s the premises currently licensed with a liquor license? 🖂 YE	S 🔲 NO If yes, give license number and licensee's name:				
Lic	ense # <u>10103621</u> (exactly as it appears on li	cense) Name Roger Kenneth Burton				
S	ECTION 14 Restaurant or hotel/motel license applicants:					
1.	Is there an existing restaurant or hotel/motel liquor license at t If yes, give the name of licensee, Agent or a company name:	he proposed location? YES NO				
•	and	l license #:				
2.	If the answer to Question 1 is YES, you may qualify for an Inte A.R.S. § 4-203.01; and complete SECTION 5 of this application	rim Permit to operate while your application is pending; consult				
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.	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					
		applicant's signature				
	are in place on the licensed premises. With the exception of installed for this inspection. Failure to schedule an inspectio inspection 90 days after filing your application, please requestion.	onsibility to contact the Department of Liquor Licenses and are on site, kitchen equipment, and, if applicable, patio barriers the patio barriers, these items are not required to be properly n will delay issuance of the license. If you are not ready for your st an extension in writing, specify why the extension is necessary, e your site inspection visit www.azliquor.gov and click on the				
		applicants initials				
SE	ECTION 15 Diagram of Premises: (Blueprints not accepted)	ed, diagram must be on this form)				
1.	Check ALL boxes that apply to your business:					
	Entrances/Exits Liquor storage area					
	Service windows Drive-in windows	Non Contiguous				
2.	Is your licensed premises currently closed due to constructi If yes, what is your estimated opening date?	on, renovation, or redesign? YES NO month/day/year				
3.	Restaurants and hotel/motel applicants are required to draw the locations of all kitchen equipment and dining furniture.	a detailed floor plan of the kitchen and dining areas including				
4.	The diagram (a detailed floor plan) you provide is required t sold, served, consumed, dispensed, possessed, or stored o	o disclose only the area(s) where spiritous liquor is to be n the premises unless it is a restaurant (see #3 above).				
5.	Provide the square footage or outside dimensions of the lice such as parking lots, living quarters, etc.	ensed premises. Please do not include non-licensed premises,				
	As stated in A.R.S. § 4-207.01(B), I understand it is my re and Control when there are changes to boundaries, entr windows,or increase or decrease to the square footage	esponsibility to notify the Department of Liquor Licenses rances, exits, added or deleted doors, windows or service after submitting this initial drawing.				

<u>RKB</u> 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 1.

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

| Roger Kenneth Burton

, 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 Rogn Kenneth But (signature of applicant listed in Section 4, Question 1)	\wedge
Mariann Mattia	State of ACRANC County of AUICOA
NOTARY PUBLIC - ARIZONA	The foregoing instrument was acknowledged before me this
MARICOPA COUNTY	of ACRANC Was acknowledged before me this
My Commission Expires	Vear
June 10, 2018	Vear
My commission expires on :	Signature of NOTARY PUBLIC

