

## 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

June 25, 2015

Kevin Arnold Kramber The Edge Bar 536 E. Wagon Bluff Drive Tucson, AZ 85704

RE: Arizona Liquor License No.: 06100276 d.b.a. The Edge Bar

Dear Mr. Kramber:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 6, Bar, which was received in our office on May 29, 2015. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, July 7, 2015, at 9:00 a.m. or thereafter, at the following location:

Pima County Administration Building Board of Supervisors Hearing Room 130 W. Congress, 1st Floor Tucson, AZ 85701

For your information, enclosed is a copy of the Sheriff's Report. Any questions pertaining to the enclosed report should be directed to the Pima County Sheriff's Department at (520) 351-6999. If you have any questions pertaining to the above referenced hearing, please contact this office at (520) 724-8449.

Sincerely,

Brigode

Robin Brigode Clerk of the Board

Enclosure

c: Pima County Sheriff Investigative Support Unit

	ARIZONA DEPARTME	ENT OF LIQUOR LICENS	SES AND CONTROL
		W Washington 5th Floor penix AZ 85007-2934 www.azliquor.gov (602) 542-5141	
		AFFIDAVIT OF POSTING	
Date of Posting:	6/2/15	Date of Postin	
Applicant Name: _	The Edge Bar Kramber	Kevin	Arnold
	Last	First	Middle
Business Address:	4635 N. Flowing Wel		
asiness radiess.	Street	Is Road Luc:	son, AZ 85705 City Zip
		Is Road Tuc:	
icense #: <b>0610</b> I hereby certify	Street 00276 that pursuant to A.R.S. § 4-2 licensed by the above appli	01, I posted notice in a cor icant and said notice was p	City Zip hspicuous place on the premises bosted for at least twenty (20) days.
icense #:0610 I hereby certify proposed to be <u>Arman of Cit</u> Print Name of Cit	Street	201, I posted notice in a cor icant and said notice was p CS POCESS Title	City Zip aspicuous place on the premises bosted for at least twenty (20) days. Sever 520-306-860 Telephone # G-22-15 Date Signed
icense #:0610 I hereby certify proposed to be <u>Arman c</u> Print Name of Cit	Street	201, I posted notice in a cor icant and said notice was p CS POCESS Title	City Zip aspicuous place on the premises bosted for at least twenty (20) days. <u>Sever 520-306-860</u> Telephone #

Individuals requiring special accommodations please call (602) 542-9027

Lic0119 4/2009



## **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

JIN OP 15M CORPCCINC TIV ZA

FROM: DATE:	Bernadette Russell Administrative Support Specialist
RE:	June 1, 2015
	Zoning Report - Application for Liquor License

Attached is the application of:

Kevin Arnold Kramber d.b.a. The Edge Bar 4635 N. Flowing Wells Road Tucson, AZ 85705

Arizona Liquor License No. <u>06100276</u> Series <u>6, Bar</u> New License Person Transfer X Location Transfer

ZONING REPORT

DATE:

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

Yes Z

No 🗌

If No, please explain:

Pima County/Zening Inspector

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

"15 MAY 22 Lig. Lic. M 3 37 15 MAY 22 Lig. Lic. M 3 Arizona Department of Liquor Licenses and Control 800 West Washington, 5th Floor 15-14-9226 Phoenix, Arizóna 85007 www.azliquor.gov 602-542-5141 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: SECTION 2 Type of ownership: ☐ MORE THAN ONE LICENSE PP15PM0447PC CLK 0F BL INTERIM PERMIT Complete Section 5 J.T.W.R.O.S. Complete Section 6 □ INDIVIDUAL Complete Section 6 NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16 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) LIMITED LIABILITY CO. Complete Section 7 Complete Sections 2, 3, 4, 12, 13, 15, 16 CLUB Complete Section 8 □ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE GOVERNMENT Complete Section 10 Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) TRUST Complete Section 6 GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16 OTHER (Explain) SECTION 3 Type of license and fees LICENSE #(s): 06:0027 1. Type of License(s): at 6 - TAA Department/Use Only JAZ NI 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. 04112 SECTION 4 Applicant Mr. NBE 1. Owner/Agent's Name: Ms (Insert one name ONLY to appear on license) Last First Middle В 05 てげき EDGE BAR, LUC 2. Corp./Partnership/L.L.C. (Exactly as it appears on Articles of Inc. or Articles of Org.) KIMVZI SOUZ Business Name: (Exactly as it appears on the exterior of premises) 85 4635 N. Francisci 72 4. Principal Street Location (Do not use PO Box Number) City 5. Business Phone: (520) 887-9024 Davtime Phone: (520) 235-5684 Email: Ka 275A 600 6. Is the business located within the incorporated limits of the above city or town? UYES KNO 7. Mailing Address: 536 E. WAGON BLEF DR. A7 City State Zip \$ 30,000 8. Price paid for license only bar, beer and wine, or liquor store: Type Type DEPARTMENT USE ONLY Fees:/ Application Interim Permit Site Inspection naer Prints TOTAL OF ALL FEES Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? 包 YES Accepted by: Date:

1	/7/2013	
	1112010	

\*Disabled individuals requiring special accommodation, please call (602) 542-9027.

1

#### SECTION 5 Interim Permit:

- 1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
- 2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.  $\mathcal{D}$

3. Enter the license number currently at the location. 6600276
4. Is the license currently in use? $VYES \square NO$ If no, how long has it been out of use? $\vee / A$
ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION. そしょして こころいゆう
I, B たってっし, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, (Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.
State of A2 County of PIMA
X The foregoing instrument was acknowledged before me this
OFFICIAL SEAL 19 day of MAI 205
My compaission expires on: <u>1 Setternal JOE</u> A. MACHADO
NOTARY PUBLIC-ARIZONA
PIMA COUNTY
My Comm. Exp. April 28, 2018 (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	t	Middle	% Owne	d Mailing Address		City State Zip
Partnership Na	ame: (Only the	e first partn	er listed will app	ear on li	cense)		
General-Limited	Last	First	Middle	% Owned	Mailing Address		City State Zip
							,
			· ·				
		******					
						4. <b>0 - 0 - 6</b> 4444	
					)	YRA	SSECEN

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 .	<ul> <li>Mailing Address</li> </ul>	City, State, Zip	· Telephone#

Т

# STATE OF ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL ALCOHOLIC BEVERAGE LICENSE License 06100276

ANNA PARA

### Issue Date: 4/23/2008

Issued To: HOLLY ELAINE BRISTOL, Agent SKINNY MATTS LLC, Owner

Location: RIVERS EDGE LOUNGE 4635 N FLOWING WELLS RD TUCSON, AZ 85705 Bar

Expiration Date: 9/30/2015

Mailing Address:

HOLLY ELAINE BRISTOL SKINNY MATTS LLC RIVERS EDGE LOUNGE 8180 N CAMINO DE LA VIOLA TUCSON, AZ 85741

POST THIS LICENSE IN A CONSPICUOUS PLACE

SECTION 7 Corporation/Limited Liability Co.:

EA	CH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING
FE	E 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.: Til= 200= Ban, LLC
	(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2.	Date Incorporated/Organized: $04/14/2015$ State where Incorporated/Organized:

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

- 4. AZ L.L.C. File No: L = 1998123 5 Date authorized to do business in AZ: 0 + 23/2015
- 5. Is Corp./L.L.C. Non-profit? □ YES
- 6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
AVITA	Fasarico	N/A	mual mem	4395 N. DICKINSON PL	131300, AZ 85741
EDwar	is have	JAVID	man /	1259 E. WEIMER CUIL	= # 64 AZ 85 -
NEZZZ	· Ex essusar)	EVADLE	marz.	2820 W. VIA PALIENJA	85741

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

Last	First	Middle	% Øwned	Mailing Address	City State Zip
AVITIS	Ference	N/A	41.67	4395 W. DICKINSON	PL, 85741
esuary	5 April 5	DAVID	ALLET	1251 2. Warman C	-21= #64 85 F41
NETELEK	( ESward)		1 Q	2820 W. VIA HACIE	JA 8574(
	/		1		

- (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. 4 ... 101 ~

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 direct	ctors:						
Last	First	Middle	Title	Mailing Address	City State Zip		
	·····	/					
	$- \square$						
				Ę.,			
					· · ·		

3

II Assignment or Divor	ce Decree of an e	existing Bar or L	iquor Store Lic	ense:
Last		First	Middle	
Last	First		Middle	
		Date of I		
ION A CERTIFIED COPY OF	THE WILL, PROBA			
t: (for cities, towns, or c	ounties only)			
Last	First		Contact Ph	One Number
erson Transfer:				
-	- ^		<i>n</i>	9).
BRISTOL H Last	First	ELA (NE Middle	_ Entity:	(Indiv., Agent, etc.)
SKINNY MA	TTS , LLC		······································	······································
		436 - C		
Business: Street 463	35 N. 520	which we	us RD.	
License N	umber:	002F6		
	,			A
G		10	A YOUA	
ers, interest holders, etc. t	peen notified of this	s transfer? 🔀 Y	ES 🗆 NO ,	
o operate the business wh fee, and current license	ile this application to this application.	is pending? ݢ⊉ƳI	ES 🗌 NO If yes	s, complete Section
Krister	, hereby authorize	the department to	process this ap	plication to transfer the
applicant now owns or w Brain the	rill own the property declare that I am th e. I have read the a	y rights of the licer ne CURRENT OW above Section 11 a	nse by the date o /NER, AGENT, M and confirm that County o	f issue. MEMBER, PARTNER all statements are of <u>PiMA</u>
	Last License Number ION A CERTIFIED COPY OF LY DISTRIBUTES THE LIQU t: (for cities, towns, or con- Last MUST BE OBTAINED FOI erson Transfer: by CURRENT LICENSEE Basson Karlow Market (Exactly as it appears on lice City, State, Zip City, State, Zip City, State, Zip City, State, Zip City, State, Zip City, State, Zip City, State, Zip Street City, State, Zip Street City, State, Zip Street Street City, State, Zip Street City, State, Zip Street City, State, Zip Street City, State, Zip Street Street City, State, Zip Street Street City, State, Zip City, State, Zip Street Street City, State, Zip Street	Last       First         Last       First         License Number:	Last       First         Last       First         Last       First         Date of I         License Number:       Date of I         ION A CERTIFIED COPY OF THE WILL PROBATE DISTRIBUTION         LY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO T         t: (for cities, towns, or counties only)         Last       First         Middle         MUST BE OBTAINED FOR EACH PREMISES FROM WHICH S         erson Transfer:         by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Se         Date of Location         Last       First         Middle         SKINDY       Mattrs         (Exactly as it appears on license)         Reactly as it appears on license)         Business: Street       4635 ×.         City, State, Zip       10450×.         License Number:       061002 f.c.         City, State, Zip       10450×.         Street       8180 ×.         City, State, Zip       10450×.         City, State, Zip       10450×.         Street       8180 ×.         City, State, Zip       10450×.         Operate the business while this application is pending?       971         Gee, and current license to this a	Last       First       Middle         Last       First       Middle         Last       License Number:       Date of Last Renewal:         ION A CERTIFIED COPY OF THE WILL PROBATE DISTRIBUTION INSTRUMENT, OI       Date of Last Renewal:         IN A CERTIFIED COPY OF THE WILL PROBATE DISTRIBUTION INSTRUMENT, OI       Date of Last Renewal:         IN A CERTIFIED COPY OF THE WILL PROBATE DISTRIBUTION INSTRUMENT, OI       Date of Last Renewal:         IN A CERTIFIED COPY OF THE WILL PROBATE DISTRIBUTION INSTRUMENT, OI       Date of Last Renewal:         IN A CERTIFIED COPY OF THE WILL PROBATE DISTRIBUTION INSTRUMENT, OI       Date of Last Renewal:         Last       First       Middle         Contact Ph       Contact Ph         MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQU         erson Transfer:       BY CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 0         Date of Last       First       Middle         Street       House       Locut       Entity:         Last       First       Middle       Street Reast to use as         (Exactly as it appears on license)       Euco       Euco       Entity:         Business: Street       4635       Social Coc       Euco       Entity:         City, State, Zip       Cocon       A       Social

.

.

.

#### 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

۰.

	<u></u>			<u>x</u>
(Exactly as it appears on license) Address				
2. New Business: Name			·	
(Physical Street Location) Address				
3. License Type:License Num	ber:			
4. If more than one license to be transferred: Lice	nse Type:	Licen	se Number:	
5. What date do you plan to move?		What date do you	plan to open?	
SECTION 13 Questions for all in-state appresent the state appresen		those applying for	<u>government. hotel/m</u>	<u>otel, and</u>
A.R.S. § 4-207 (A) and (B) state that no retailer's license shal he director, within three hundred (300) horizontal feet of a chu indergarten programs or grades one (1) through (12) or withi The above paragraph DOES NOT apply to:	urch, within three hundr	ed (300) horizontal feet of	a public or private school b	uilding with
a) Restaurant license (§ 4-205.02) b) Hotel/motel license (§ 4-205.01)	,	Government license (§ 4-2 Fenced playing area of a g	05.03) olf course (§ 4-207 (B)(5))	·
1. Distance to nearest school: $1 \cdot 0 \cdot 0 \cdot 1$ . 2. Distance to nearest church: $2 \cdot 0 \cdot 2 \cdot 1$ ft.	Name of school	Komer Jav No Romerzo City, S	is Elmerta Pro Tocson ate, Zip	<u>Az 85</u> 65
, A	Address 1454	W. WETTO City, St	rate, Zip	<u>Azestos</u>
3.1 am the: 🗡 Lessee 🗌 Sublessee [				
4. If the premises is leased give lessors: Name Address	Zula P.	20 Parties, L		ρ
1.	2621 2. C BASE)	City, Stat	<u>م اندەم، م</u>	<u>A285</u> fr 3
4a. Monthly rental/lease rate \$ 1/ 5 co - \	What is the remain	ing length of the leas		5
4b. What is the penalty if the lease is not fulfilled	? \$ <u>4</u> 500	or other See . (give details - a	Attach additional sheet if n	≡ )= tave ' ecepsary) '
5. What is the total <u>business</u> indebtedness for this li Please list lenders you owe money to.	cense/location excli	uding the lease? \$	O LEAD TOAL CO	>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Last First Middle	Amount Owed	Mailing Address	City State	Zip
NIA	N/A	N/A		
(ATTA)	.CH ADDITIONAL SHEE	ET IF NECESSARY)		l

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

~~~

#### **SECTION 13 - continued**

| 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| 9. Is the premises currently licensed with a liquor license? XYES INO If yes, give license number and licensee's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| License # 061002 fb (exactly as it appears on license) Name HOLLY ELAINE (BRISTOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| SECTION 14 Restaurant or hotel/motel license applicants:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ol> <li>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:</li> </ol>                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Last First Middle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ol> <li>If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult<br/>A.R.S. § 4-203.01; and complete SECTION 5 of this application.</li> </ol>                                                                                                                                                                                                                                                                                                                                   |  |  |
| 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 ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application. |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | applicant's signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and<br>Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers<br>are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly<br>installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for you<br>inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessar<br>and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the<br>"Information" tab. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | applicants initials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| 1. Check ALL boxes that apply to your business:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Entrances/Exits<br>Service windows                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Is your licensed premises currently closed due to construction, renovation, or redesign?  YES XO If yes, what is your estimated opening date?  Month/day/year                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | month/day/year<br>Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including<br>the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.                                                                                                                                                                                                                                                                                                       |  |  |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).                                                                                                                                                                                                                                                                                                               |  |  |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.                                                                                                                                                                                                                                                                                                                                                                                      |  |  |

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

applicants initials

based on the following factors (i) the business of the proposed assignee or subtenant and the proposed use of the Property; (ii) the net worth and financial reputation of the proposed assignee or subtenant; (iii) Tenant's compliance with all of its obligations under the Lease; and (iv) such other facts as Landlord may reasonably deem relevant.

(b) If Tenant assigns or subleases the following shall apply:

(i) Tenant shall pay to Landlord as Additional Rent under the Lease fifty percent (50%) of the Profit (defined below) on such transaction ("Landlord's Share") as and when received by Tenant, unless Landlord gives written notice to Tenant and the assignee or subtenant that Landlord's Share shall be paid by the assignee or subtenant to Landlord directly. The "Profit" means (A) all amounts paid to Tenant for such assignment or sublease, including "key" money, monthly rent in excess of the monthly collateral agreements, less (B) costs and expenses directly incurred by Tenant in connection with the execution and performance of such assignment or sublease for real estate broker's commissions and costs of renovation or construction of tenant improvements required under such assignment or sublease. Tenant is entitled to recover such costs and expenses before Tenant is obligated to pay the Landlord's Share to Landlord. The Profit in the case of a sublease of less than all the Property is the rent allocable to the subleased space as a percentage on a square footage basis.

(ii) Tenant shall provide Landlord a written statement certifying all amounts to be paid from any assignment or sublease of the Property within thirty (30) days after the transaction documentation is signed, and Landlord may inspect Tenant's books and records to verify the accuracy of such statement. On written request, Tenant shall promptly furnish to Landlord copies of all the transaction documentation, all of which shall be certified by Tenant to be complete, true and correct. Landlord's receipt of Landlord's Share shall not be a consent to any further assignment or subletting. The breach of Tenant's obligation under this Paragraph 9.03(b) shall be a material default of the Lease.

#### ARTICLE TEN: DEFAULTS; REMEDIES

Section 10.01. Covenants and Conditions. Tenant's performance of each of Tenant's obligations under this Lease is a condition as well as a covenant. Tenant's right to continue in possession of the Property is conditioned upon such performance. Time is of the essence in the performance of all covenants and conditions.

Section 10.02. Defaults. Landlord shall provide Tenant with written notice to cure an alleged default at least ten (10) days before declaring Tenant to be in default under this Lease. Thereafter, Tenant shall be in material default under this Lease:

(a) If Tenant abandons the Property or if Tenant's vacation of the Property results in the cancellation of any insurance described in Section 4.04;

(b) If Tenant fails to pay in full Base Rent, Additional Rent or any other charge when due;

14

(c) If Tenant fails to perform any of Tenant's non-monetary obligations under this Lease for a period of thirty (30) days after written notice from Landlord; provided that if more than thirty (30) days are required to complete such performance, Tenant shall not be in default if Tenant commences such performance within the thirty (30) day period and thereafter diligently pursues its completion. However, Landlord shall not be required to give such notice if Tenant's failure to perform constitutes a non-curable breach of this Lease. The notice required by this Section is intended to satisfy any and all notice requirements imposed by law on Landlord and is not in addition to any such requirement.

(d) (i) If Tenant makes a general assignment or general arrangement for the benefit of creditors; (ii) if a petition for adjudication of bankruptcy or for reorganization or rearrangement is filed by or against Tenant and is not dismissed within thirty (30) days; (iii) if a trustee or receiver is appointed to take possession of substantially all of Tenant's assets located at the Property or of Tenant's interest in this Lease and possession is not restored to Tenant within thirty (30) days; or (iv) if substantially all of Tenant's assets located at the Property or of Tenant's interest in this Lease is subjected to attachment, execution or other judicial seizure which is not discharged within thirty (30) days. If a court of competent jurisdiction determines that any of the acts described in this Section (d) is not a default under this Lease, and a trustee is appointed to take possession (or if Tenant remains a debtor in possession) and such trustee or Tenant transfers Tenant's interest hereunder, then Landlord shall receive, as Additional Rent, the excess, if any, of the rent (or any other consideration) paid in connection with such assignment or sublease over the rent payable by Tenant under this Lease.

Section 10.03. Remedies. On the occurrence of any material uncured default by Tenant, Landlord may, at any time thereafter, with or without notice or demand and without limiting Landlord in the exercise of any right or remedy which Landlord may have:

(a) Terminate Tenant's right to possession of the Property by any lawful means, in which case this Lease shall terminate and Tenant shall immediately surrender possession of the Property to Landlord. In such event, Landlord shall be entitled to recover from Tenant all damages incurred by Landlord by reason of Tenant's default, including (i) the unpaid Base Rent, Additional Rent and other charges which Landlord had earned at the time of the termination; (ii) the amount of Base Rent, Additional Rent and other charges which Tenant would have paid for the balance of the Lease Term which exceeds the amount of such rental loss that Tenant proves Landlord could have reasonably avoided; and (iii) any costs or expenses Landlord incurs in maintaining or preserving the Property after such default, the cost of recovering possession of the Property, Landlord's reasonable attorneys' fees incurred in connection therewith, and any real estate commission paid or payable. ;

(b) Maintain Tenant's right to possession, in which case this Lease shall continue in effect whether or not Tenant has abandoned the Property. In such event, Landlord shall be entitled to enforce all of Landlord's rights and remedies under this Lease, including the right to recover the Rent as it becomes due;

(c) Pursue any other remedy now or hereafter available to Landlord under the laws or judicial decisions of the state in which the Property is located.

Section 10.04. Automatic Termination. Notwithstanding any other term or provision hereof to the contrary, the Lease shall terminate on the occurrence of any act which affirms the Landlord's intention to terminate the Lease as provided in Section 10.03 hereof, including the filing of an unlawful detainer action against Tenant. On such termination, Landlord's damages for default shall include all costs and fees, including reasonable attorneys' fees that Landlord incurs in connection with the filing, commencement, pursuing and/or defending of any action in any bankruptcy court or other court with respect to the Lease; the obtaining of relief from any stay in bankruptcy restraining any action to evict Tenant; or the pursuing of any action with respect to Landlord's right to possession of the Property. All such damages suffered (apart from Base Rent and Additional Rent payable hereunder) shall constitute pecuniary damages which must be reimbursed to Landlord prior to assumption of the Lease by Tenant or any successor to Tenant in any bankruptcy or other proceeding.

Section 10.05. Cumulative Remedies. Landlord's exercise of any right or remedy shall not prevent it from exercising any other right or remedy.

#### ARTICLE ELEVEN: PROTECTION OF LENDERS

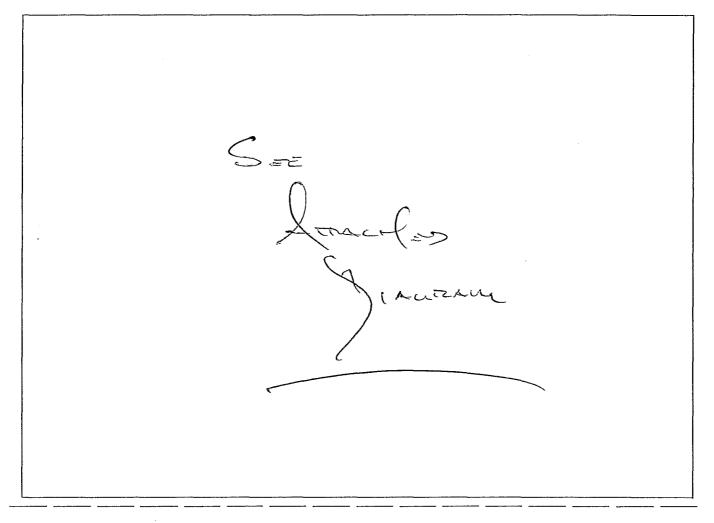
Section 11.01. Subordination. Landlord shall have the right to subordinate this Lease to any ground lease, deed of trust or mortgage encumbering the Property, any advances made on the security thereof and any renewals, modifications, consolidations, replacements or extensions thereof, whenever made or recorded. Tenant shall cooperate with Landlord and any lender which is acquiring a security interest in the Property or the Lease. Tenant shall execute such further documents and assurances as such lender may require, provided that Tenant's obligations under this Lease shall not be increased in any material way (the performance of ministerial acts shall not be deemed material), and Tenant shall not be deprived of its rights under this Lease. Tenant's right to quiet possession of the Property during the Lease Term shall not be disturbed if Tenant pays the rent and performs all of Tenant's obligations under this Lease and is not otherwise in default. If any ground lessor, beneficiary or mortgagee elects to have this Lease prior to the lien of its ground lease, deed of trust or mortgage and gives written notice thereof to Tenant, this Lease shall be deemed prior to such ground lease, deed of trust or mortgage whether this Lease is dated prior or subsequent to the date of said ground lease, deed of trust or mortgage or the date of recording thereof.

Section 11.02. Attornment. If Landlord's interest in the Property is acquired by any ground lessor, beneficiary under a deed of trust, mortgagee, or purchaser, Tenant shall attorn to the transferee of or successor to Landlord's interest in the Property and

#### 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

anger, 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.

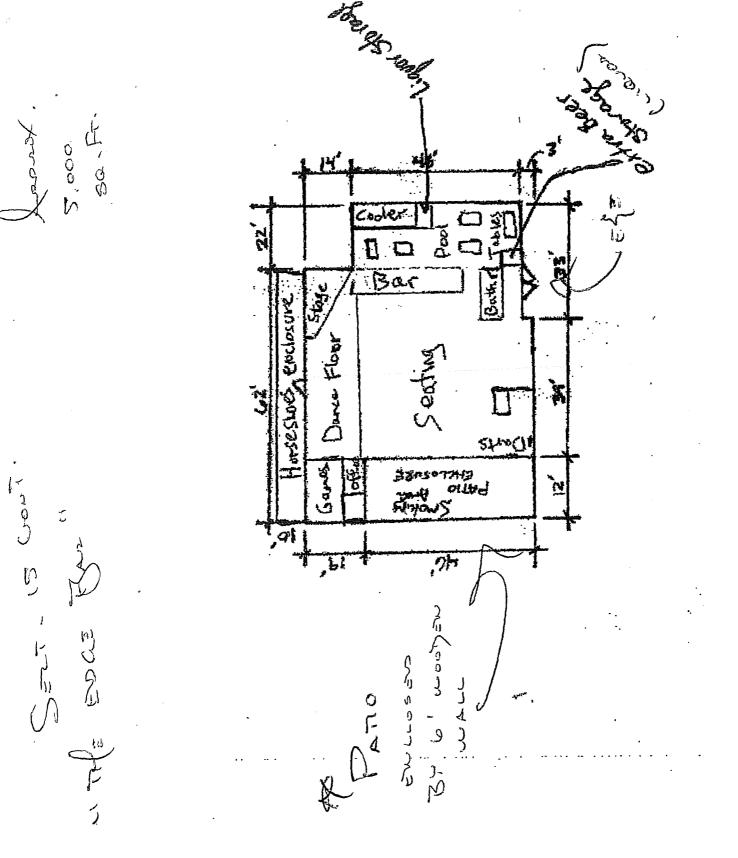
| (algorithm of applicant listed in Section 4, Question 1)        |                  |
|-----------------------------------------------------------------|------------------|
| Geraldine D Ortiz                                               | State of ARIZON  |
| Notary Public - Arizona<br>Pima County<br>My Commission Expires | The foregoing in |
| October 29, 2016                                                |                  |
| My commission expires on : 29 OCT 2016                          | Lay              |
| Day Month Year                                                  | sig              |

County of PIMA

nstrument was acknowledged before me this

MAY 2015 of Month Year

signature of NOTARY PUBLIC



ë