

# 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

August 14, 2015

Thomas Robert Aguilera  
Embassy Suites La Paloma  
4554 E. Camp Lowell Drive  
Tucson, AZ 85712

RE: Arizona Liquor License No.: 12104381  
d.b.a. Embassy Suites La Paloma

Dear Mr. Aguilera:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 12, Restaurant, which was received in our office on July 16, 2015. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, September 1, 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,

A handwritten signature in cursive script that reads "Robin Brigode".

Robin Brigode  
Clerk of the Board

Enclosure

c: Pima County Sheriff Investigative Support Unit

## ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

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

## AFFIDAVIT OF POSTING

Date of Posting: 7-20-15 Date of Posting Removal: 8-11-15

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

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

License #: 12104381

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.

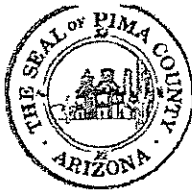
Armando Terreros Process Server 520-306-8603  
Print Name of City/County Official Title Telephone #

[Signature] #7694 8-11-15  
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



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

TO: Development Services, Zoning Division

FROM: Bernadette Russell   
Administrative Support Specialist

DATE: July 17, 2015

RE: Zoning Report - Application for Liquor License

Attached is the application of:

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

Arizona Liquor License No. 12104381  
Series 12, Restaurant  
New License X  
Person Transfer       
Location Transfer     

ZONING REPORT

DATE: 7/23/15

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

Yes ☒ No ☐

If No, please explain:

  
Pima County Zoning Inspector

When complete, please return to cob\_mail@pima.gov

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Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
Phoenix, AZ 85007  
www.azliquor.gov  
(602) 542-5141

15-20-9232

15 JUL 14 11:19 AM 1108

Application for Liquor License  
Type or Print with Black Ink

**SECTION 1** This application is for a:

- ☒ Interim Permit (Complete Section 5)  
☒ New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)  
☐ Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)  
☐ Location Transfer (Bars and Liquor Stores Only)  
(Complete Section 2, 3, 4, 11, 13, 14, 16)  
☐ Probate/ Will Assignment/ Divorce Decree  
(Complete Sections 2, 3, 4, 9, 13, 14, 16)  
(Fee not required)  
☐ Government (Complete Sections 2, 3, 4, 10, 13, 16)  
☐ Seasonal

**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)  
☐ Tribe (Complete Section 6)  
☐ Other (Explain) \_\_\_\_\_

**SECTION 3** Type of license

LICENSE # 12104381

1. Type of License: Series 12 - Restaurant

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

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

**SECTION 4** Applicants

1. Individual Owner/Agent's Name: Aguilera Thomas Robert P1042820  
Last First Middle

2. Owner Name: LDK Tucson, LLC B1054818  
(Ownership name for type of ownership checked on section 2)

3. Business Name: Embassy Suites La Paloma B1038129  
(Exactly as it appears on the exterior of premises)

4. Business Location Address: 3110 E Skyline Drive Tucson AZ 85718 Pima  
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 4554 E Camp Lowell Dr Tucson AZ 85712  
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: (520) 352-4000 Daytime Contact Phone: (520) 622-1557

7. Email Address: thomas@aguileralawgroup.com

8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☒ No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? ☐ Yes ☒ No

If Yes, what City, Town or Tribal Reservation is this Business located in: \_\_\_\_\_

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store ( license only) \$ \_\_\_\_\_

Department Use Only				
Fees: <u>100</u>	<u>100</u>	<u>50</u>	<u>66</u>	\$ <u>316</u>
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Accepted by: <u>MS.</u>		Date: <u>07/14/2015</u>	License # <u>12104381</u>	

JUL 15 15:11:09 PCK OF ED

**SECTION 5 Interim Permit**

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

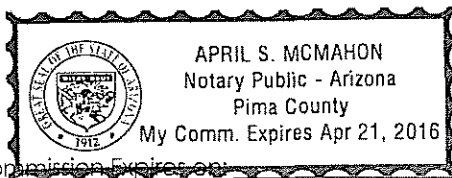
1. Enter license number currently at the location: 111030642. Is the license currently in use? ☒ Yes ☐ No If no, how long has it been out of use? \_\_\_\_\_  
(if over six (6) months, attach a letter requesting Interim Permit)

Attach a copy of the license currently issued at this location to this application.

I, Thomas Robert Aguilera declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING  
(Print Full Name) PERSON on the stated license and location.

X

(Signature)



My Commission Expires on

Date

State Arizona County of Pima  
The foregoing instrument was acknowledged before me this9th day of July, 2015

Day

Month

Year

April S. McMahon  
(Signature of Notary Public)**SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

**Individual**

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business? ☐ Yes ☐ No

If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

**Partnership**

Name of Partnership: \_\_\_\_\_

General-Limited	Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

**J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)**

Name of J.T.W.R.O.S: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

15 JUL 14 Liqu. Lic. #11103

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

License 11103064

Issue Date: 11/1/2007

Expiration Date: 9/30/2015

Issued To:

THOMAS ROBERT AGUILERA, Agent  
SKYLINE CAMPBELL HOTEL PARTNERS LLC, Owner

Hotel/Motel

Location:

EMBASSY SUITES LA PALOMA  
3110 E SKYLINE DR  
TUCSON, AZ 85718

Mailing Address:

THOMAS ROBERT AGUILERA  
SKYLINE CAMPBELL HOTEL PARTNERS LLC  
EMBASSY SUITES LA PALOMA  
4554 E CAMP LOWELL RD  
TUCSON, AZ 85712



POST THIS LICENSE IN A CONSPICUOUS PLACE

**SECTION 6 - continued****TRUST**

Name of Trust: \_\_\_\_\_

Last	First	Middle	Mailing Address	City	State	Zip Code

**TRIBE**

Name of Tribal Ownership: \_\_\_\_\_

Last	First	Middle	% Owned	Mailing Address	City	State	Zip Code

**SECTION 7 Corporations/ Limited Liability Co**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

☐ Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7☒ L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 71. Name of Corporation/ L.L.C: LDK Tucson, LLC2. Date Incorporated/Organized: 6/04/2015 State where Incorporated/Organized: Utah3. AZ Corporation or AZ L.L.C File No: R20108633 Date authorized to do Business in AZ: 7/01/20154. Is Corp/L.L.C. Non Profit? ☐ Yes ☒ No

5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Lodging Dynamics Properties, LLC			Manager	5314 N River Run Dr Ste 310 Provo UT 84604			
Sybrowsky	Joel	Paul	Manager	5314 N River Run Dr Ste 310 Provo UT 84604			
La Paloma Holdings, LLC			Member	280 N 200 W #240 Bountiful UT 84010			
LD Hotel Group I, LLC			Member	5314 N River Run Dr Ste 310 Provo UT 84604			

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip Code
La Paloma Holdings, LLC			83% <i>LA</i>	280 N 200 W #240 Bountiful UT 84010			
LD Hotel Group I, LLC			11%	5314 N River Run Dr Ste 310 Provo UT 84604			
No one else owns 10% or more. Please see attached flowcharts							

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

### Ownership Structure and Percentages

Name		Percent of Member	Nature of Ownership	% of Interest in Licensee
Lodging Dynamics Properties, LLC <b>Members:</b> <b>Joel Sybrovksy - Manager</b> <b>Kenneth S. Johnson – Manager</b> William Bancroft Lynne P. Sybrovsky D. Keith Wilson Arthur Holman Ryan Sorenson		24.5% 24.5% 11% 11% 11% 9% 9%	Managing Member of LDK Tucson, LLC	Carried Interest — No Class A %
La Paloma Holdings, LLC Manager: Keystone National Group, LLC Manager: <b>Brandon Nielsen</b> <b>Members:</b> Copper Beech Holdings, LLC Members: JBW Trust -15.39% Trustee – Mark Dreschler KPW Trust— 22.4% Trustec – Mark Dreschler S-Corp I – 16.93% Director – Brent Wood All other investors are under 10% owners King Eli, LLC Members: King's Peak Capital, LLC (60%) Manager: Steven J. Lund Eli Development, LLC (40%) Manager: Steven J. Lund LK Opportunities Fund II, L.P.		Member    39%             24%          29%		82%    (31.84%)   (4.9%)   (7.13%)   (5.39%)     (19.68%)   (11.808%)   (7.87%)   (23.78%)



General Partner: LK Opportunities Fund II GP, LLC Members: <b>Brandon Nielson</b> (45%) John Earl (45%) Brad Allen (10%) KMB Holdings, LLC All Members are under 10% Brandon Nielson		6%		(10.7%) (10.7%) (2.38%) (4.92%)
		2%		(1.64%)
LD Hotel Group I, LLC Manager: Lodging Dynamics Properties, LLC (as outlined above) Members – All Members are under 10%			Member	11%
LD Tucson Investment Group, LLC Manager: Lodging Dynamics Properties, LLC (as outlined above) Members – All Members are under 10%			Member	7%

Individuals, City and State of Residence

<b>Joel Sybrowsky (FP)</b>	Provo, UT
<b>Kenneth S. Johnson (FP)</b>	Heber City, UT
<b>Brandon Nielson (FP)</b>	Bountiful, UT
William Bancroft	Provo, UT
Lynne P. Sybrowsky	Provo, UT
D. Keith Wilson	Orem, UT
Arthur Holman	Pleasant Grove, UT
Ryan Sorenson	Lehi, UT
Mark Dreschler	Las Vegas, NV
Brent Wood	Orem, UT
Steven J. Lund	Provo, UT
John Earl	Danville, CA
Brad Allen	North Salt Lake, UT

1

Embassy Suites Paloma Village  
3110 E Skyline Dr, Tucson, AZ 85718

LDK Tucson, LLC, a Utah limited  
liability company  
(Hotel SPE)

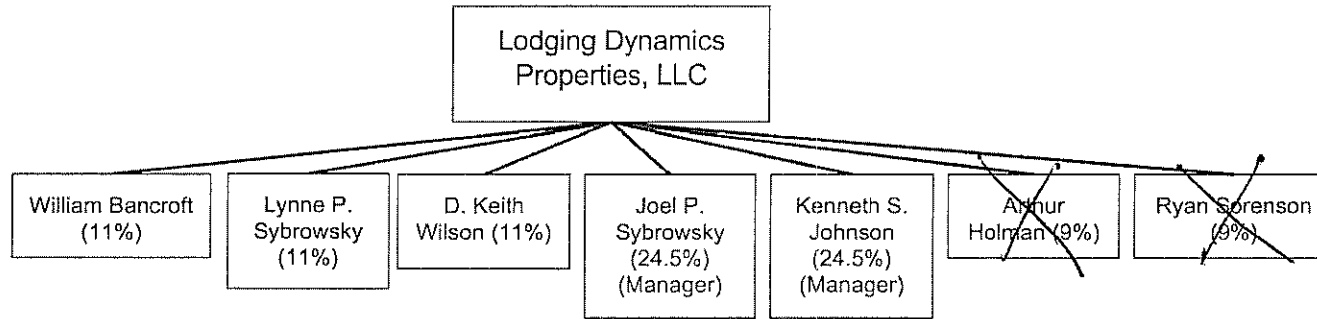
La Paloma Holdings, LLC, a Utah  
limited liability company  
(82% Class A Member)

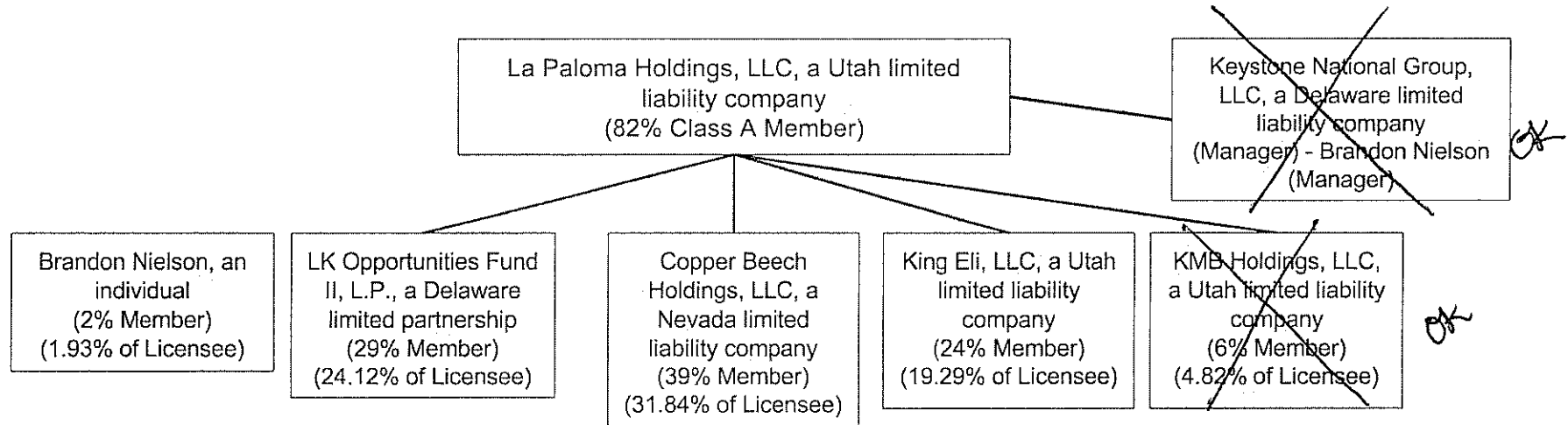
LD Hotel Group I, LLC, a  
Delaware limited liability  
company  
(11% Class A Member)

LD Tucson Investment Group,  
LLC, a Utah limited liability  
company  
(7% Class A Member)

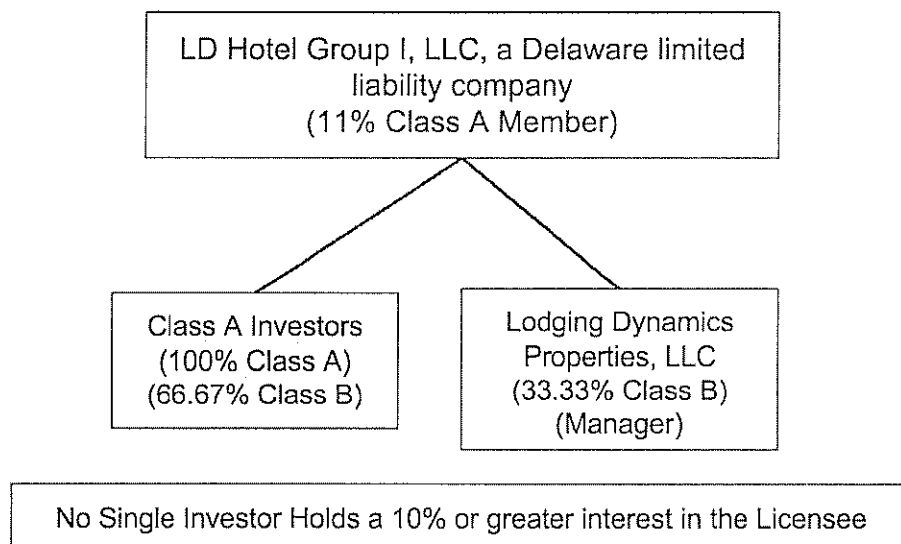
Lodging Dynamics  
Properties, LLC, a Utah  
limited liability company  
(Manager) (Class B  
Member) (See below for  
organization)

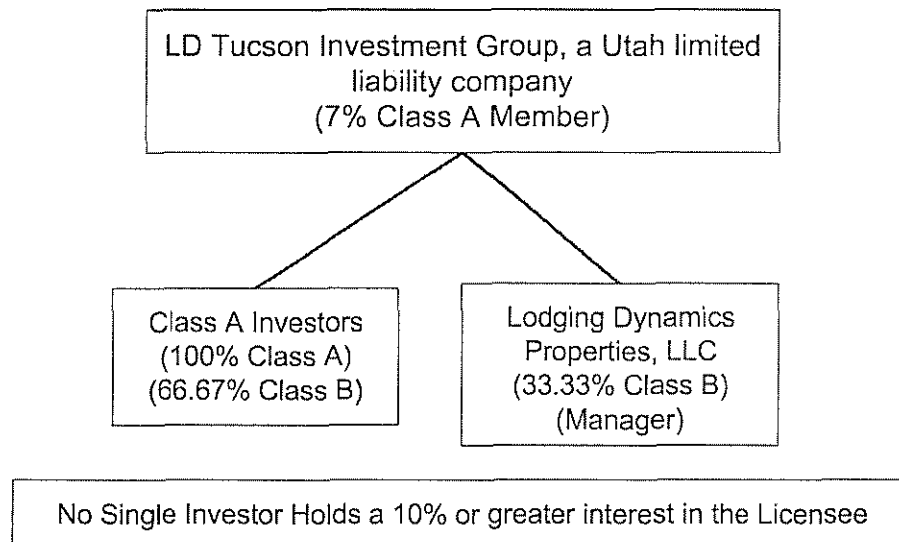
2





No Single Investor Holds a 10% or greater interest in the Licensee





**SECTION 8 Club Applicants**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_

2. Is Club non-profit? ☐ Yes ☐ No

3. List all controlling members (minimum of four (4) required)

Last	First	Middle	Mailing Address	City	State	Zip Code

(Attach additional sheet if necessary)

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

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appear on the license) Last First Middle

2. Assignee's Name: \_\_\_\_\_  
Last First Middle

3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

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.

**SECTION 10 Government (for cities, towns, or counties only)**

1. Government Entity: \_\_\_\_\_

2. Person/Designee: \_\_\_\_\_  
First Last Middle ( ) Day time Contact Phone #

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISE FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

**SECTION 11 Location to Location Transfer: Series 6 Bar, Series 7 Beer & Wine Series 9 Liquor Stores only)**

1. Current Business: Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Exactly as it appears on license)

2. New Business: Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

**SECTION 12 Person to Person Transfer**

**Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)**

1. Individual Owner / Agent Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
Last First Middle (Individual, Agent, Etc)

2. Ownership Name: \_\_\_\_\_  
(Exactly as it appears on license)

3. Business Name: \_\_\_\_\_  
(Exactly as it appears on license)

4. Business Location Address: \_\_\_\_\_  
Street City State Zip

5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

6. Current Mailing Address: \_\_\_\_\_  
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? ☐ Yes ☐ No

8. Does the applicant intend to operate the business while this application is pending? ☐ Yes ☐ No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) \_\_\_\_\_ hereby authorize the department to process this Application to transfer the 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, (Print Full Name) \_\_\_\_\_, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X \_\_\_\_\_  
(Signature of CURRENT Individual Owner/Agent)

NOTARY

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Day Month Year

My commission expires on \_\_\_\_\_  
Day/ Month/Year Signature of NOTARY PUBLIC



### SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants EXCLUDING those applying for a Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.

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: N/A  
(if less than one (1) mile note footage)

Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

2. Distance to nearest Church: N/A  
(if less than one (1) mile note footage)

Address: \_\_\_\_\_

Name of Church: \_\_\_\_\_

### SECTION 14 Business Financials

1. I am the: ☐ Lessee ☐ Sub-lessee ☒ Owner ☐ Purchaser ☐ Management Company

2. If the premise is leased give lessors: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ \_\_\_\_\_

4. What is the remaining length of the lease? \_\_\_\_\_ yrs \_\_\_\_\_ months

5. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other: \_\_\_\_\_  
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 9,500,000.00

Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
National Bank of Arizona			\$9,500,000.00	6001 N 24th St	Phoenix	AZ	85016

(Attach additional sheet if necessary)

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

Hotel

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? ☐ Yes ☒ No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? ☐ Yes ☒ No


10. Is the premises currently license with a liquor license? ☒ Yes ☐ No

If yes, give license number and licensee's name:

License #: 11103064 Individual Owner /Agent Name: Thomas Robert Aguilera  
(Exactly as it appears on license)

## SECTION 15 Restaurant or hotel/motel license applicants

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? ☒ Yes ☐ No
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 provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this ☐ Restaurant ☒ Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

  
(Applicant's Signature)

5. 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.

  
(Applicant's Initials)

## SECTION 16 Diagram of Premises

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 type="checkbox"/> Service windows            | <input type="checkbox"/> Drive-in windows                |        | <input type="checkbox"/> Non Contiguous        |

1. Is your licensed premises currently closed due to construction, renovation or redesign? ☐ Yes ☒ No

If yes, what is your estimated completion date? \_\_\_\_\_  
Month/Day/Year

2. 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. Place for diagram is on section 16 number 6.
3. 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).
4. 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 the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.

  
(Applicant's Initials)

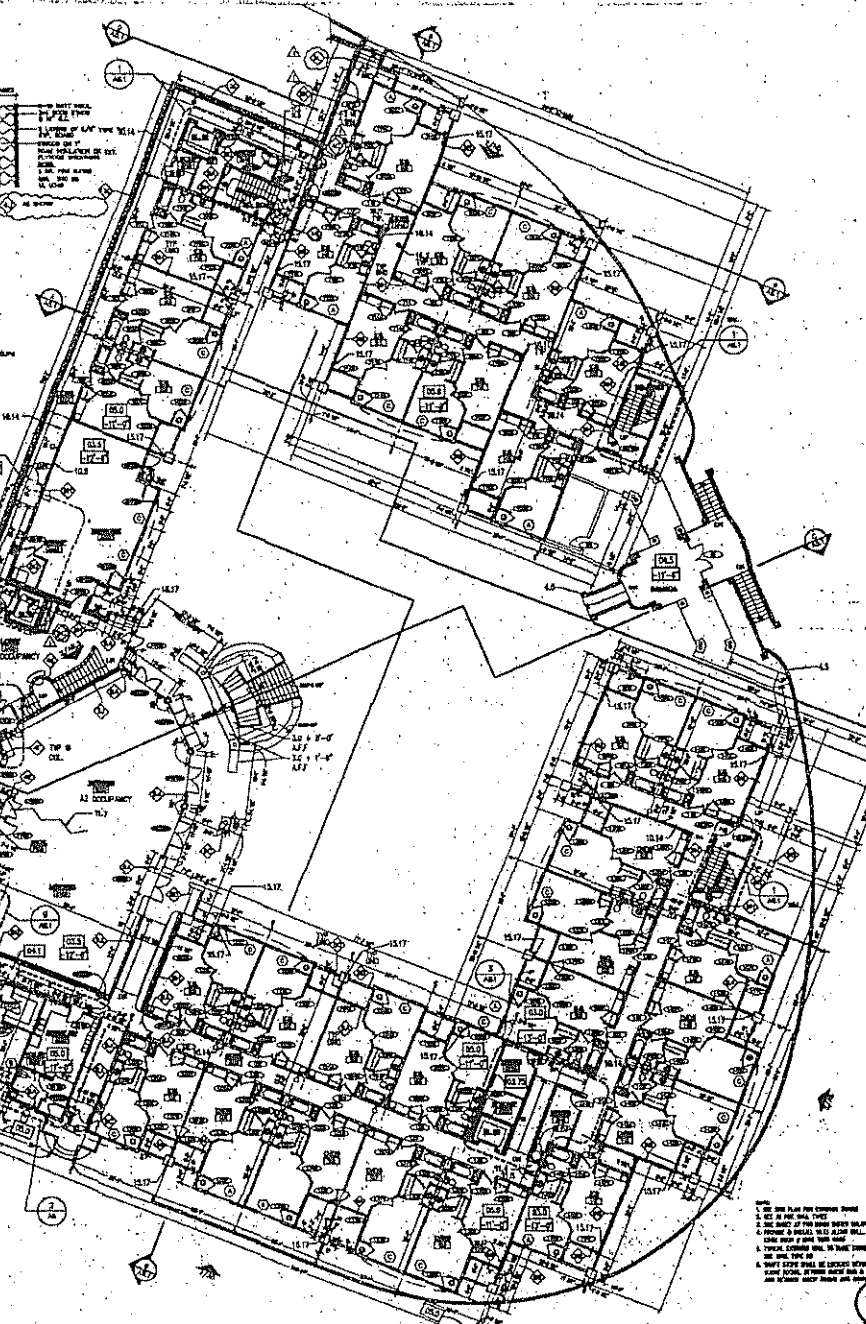
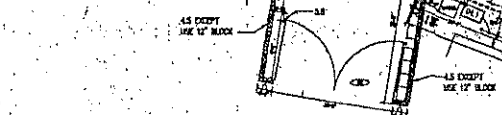
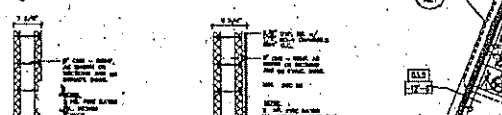
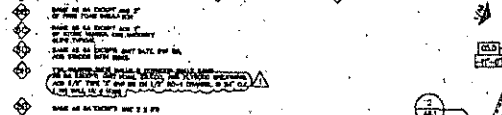
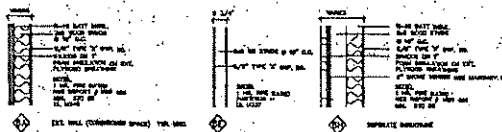
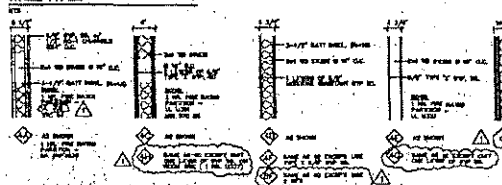
**SECTION 16 Diagram of Premises – continued**

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. 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 the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

**DIAGRAM OF PREMISES**

Please see attached Diagram

[illegible]

- [illegible]

290  
LOWER LEVEL FLOOR PLAN

Instruments	
PCHS 10-19-04	TSP
COPYING D	PCHA



**A.P. STERLING**

LAKE	CRICK AZ.	CAMPBELL AVE.
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REARBY BLITZER • SKYLINE DRIVE + C  
DOTA GROUP, LTD.  
79 E. BROADWAY DRIVE, SUITE 308, TUN  
LOWER LEVEL FLOOR P

	DO	DO	DO
COHEN TIMOTHY			

**ENGLIN/**  
**ANDRU**

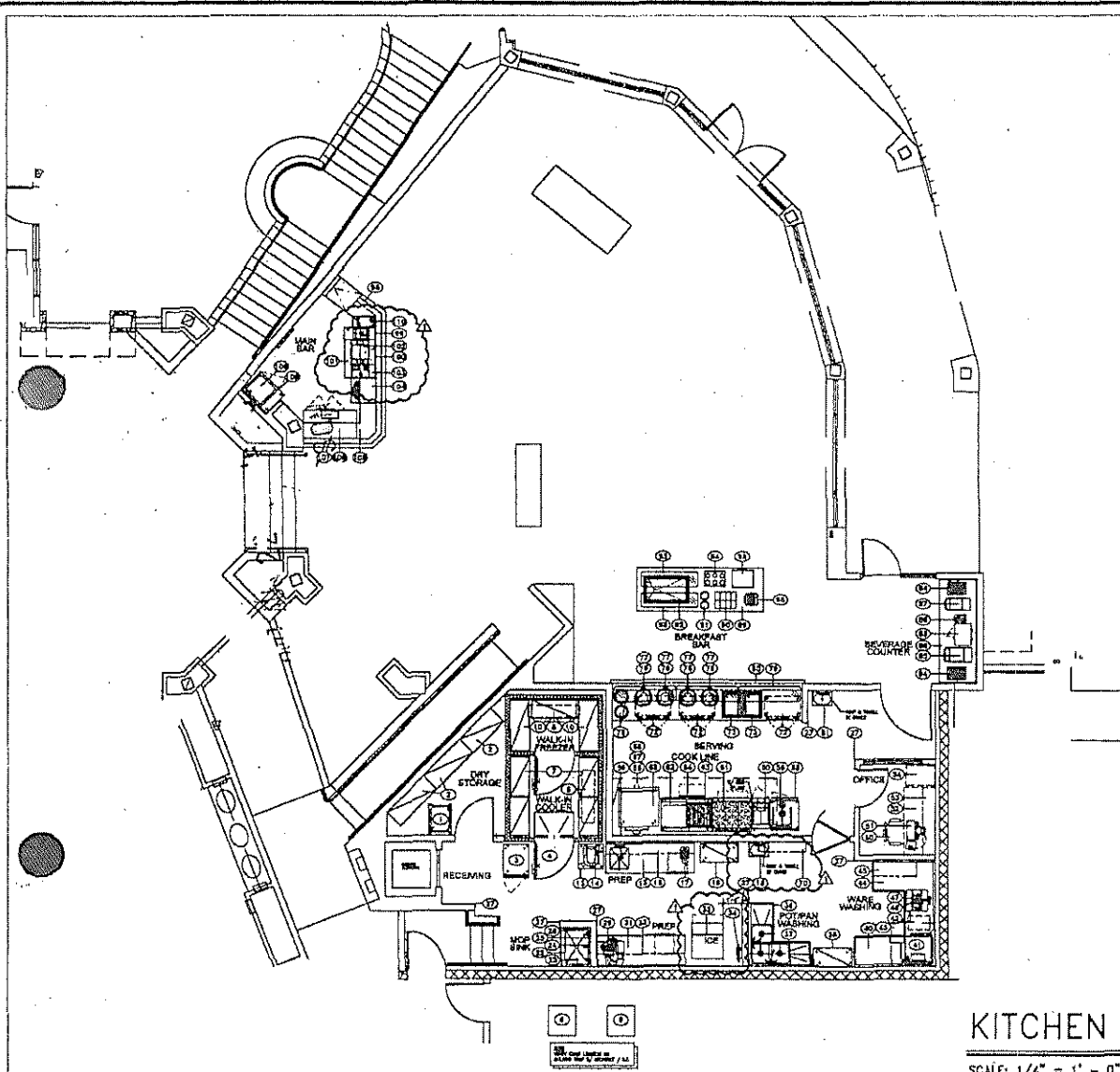
**7400 E. MONROVIE, SUITE 104, DICKINSON, NE 68040**

**TEL. (402) 988-1422**



Seal of the Federal Bureau of Investigation (FBI) and an identification card for Special Agent in Charge (SAC) J. Edgar Hoover, dated July 1964.

3/22-1-0  
2-11-03  
A1



## KITCHEN EQUIPMENT FLOOR PLAN

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

### GENERAL NOTES

1. THESE PLANS ARE PROVIDED FOR THE PURPOSE OF INDICATING FOOD SERVICE EQUIPMENT LOCATIONS AND REQUIREMENTS ONLY AND ARE NOT TO BE CONSIDERED BY THE GENERAL CONTRACTOR OR SUBCONTRACTOR AS TO RELIEVE THEM FROM THEIR RESPONSIBILITY OF COMPLYING WITH ALL APPLICABLE CODES. REFER TO ARCHITECTURAL, CIVIL, MECHANICAL, AND ELECTRICAL DRAWINGS FOR BALANCE OF WORK NOT IN KITCHEN EQUIPMENT CONTRACT.
2. IT SHALL BE THE RESPONSIBILITY OF THE OWNER AND/OR HIS ASSOCIATED CORPORATION TO INSURE THAT THE FOOD SERVICE EQUIPMENT CONTRACTOR RECEIVES COPIES OF ALL ADDENDUM AND CHANGES TO ARCHITECTURAL DOCUMENTS WHICH ARE MADE PRIOR TO AND DURING CONSTRUCTION.
3. GENERAL CONTRACTOR SHALL PROVIDE THE NECESSARY WALL BACKING FOR ALL WALL MOUNTED EQUIPMENT, (SHELVING, PUT RIDGES, ETC.), AS INDICATED ON FOODSERVICE EQUIPMENT DRAWINGS.
4. WHERE REQUIRED BY LOCAL CODES, FLOORS SHALL BE SLOPED TO FLOOR DRAINS TO COMPLY WITH SAID CODES.
5. PLUMBING, ELECTRICAL, MECHANICAL, AND THE WORK OF ALL OTHER TRADES INVOLVED SHALL CONFORM TO PRESENT DAY CODES.
6. ALL EQUIPMENT TO BE N.E.T. APPROVED OR EQUIVALENT.
7. IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO VERIFY AND COORDINATE WITH THE FOOD SERVICE EQUIPMENT CONTRACTOR ANY DISCREPANCY OR OMISSION INCLUDING, BUT NOT LIMITED TO, DIMENSIONAL LOCATIONS ON THESE PLANS PRIOR TO START OF CONSTRUCTION. ALL DIMENSIONS SHALL BE IN FEET.
8. FLOOR DISPOSITIONS & VENTILATED FLOORS FOR WALK-INS ARE TO BE PROVIDED BY THE GENERAL CONTRACTOR AND AS DETAILED.

### HEALTH DEPARTMENT NOTES

1. FOOD PREPARATION, DISHWASHING, STORAGE AND RESTROOM AREAS TO HAVE:
  - a) DRAINABLE, EASILY CLEANABLE, AND PROPER COVERED BASE FLOORS.
  - b) SMOOTH, NONPorous, AND EASILY CLEANABLE LIGHT-COLORED WALLS AND CEILING.
2. ICE MACHINE DRAIN, CONDENSATE DRAIN, FOOD PREPARATION DRAIN, DISHWASHER AND WATER AND SEWAGE DISPOSING SYSTEMS SHALL DRAIN DIRECTLY INTO A FLOOR SINK.
3. OPERATOR TO OBTAIN FOOD CERTIFICATE PRIOR TO OPENING.
4. A HAND WASHING SINK SHALL BE PROVIDED IN THE FOOD PREPARATION AREA.
5. ENTIRE FACILITY TO BE IN CURRENT COMPLIANCE WITH ALL COUNTY HEALTH CODES.

REVISIONS	
1. 11/14/14	REVISIONS

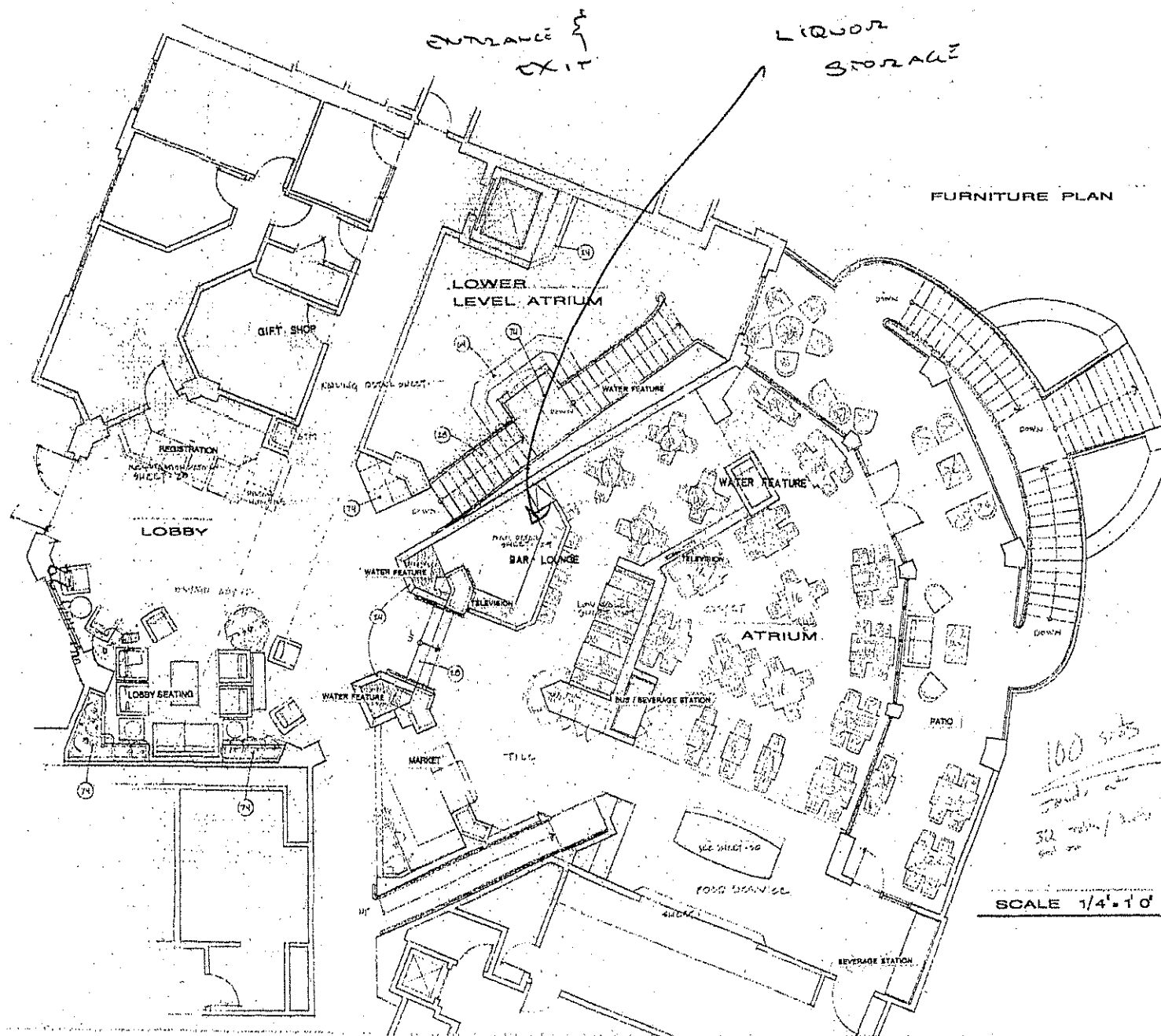
2022 K. FLOWING WELLS, INC. 1000 N. 10TH AVE. TUCSON, AZ 85710 PHONE: (520) 832-2800 FAX: (520) 832-2800 WWW.WELLSFLOWINGWELLS.COM	<b>ARIZONA</b> <b>RESTAURANT</b> <b>SUPPLY, INC.</b>
---	--

**EMBASSY SUITES**  
**CAMPBELL & SKYLINE**  
**TUCSON, ARIZONA**

SHEET NAME:  
**KITCHEN EQUIPMENT**

DATE:  
 03/11/06  
 SCALE:  
 1/4" = 1'-0"  
 DRAWN BY:  
 R. CHAS  
 PROJECT NO.  
 0177

SHEET NO.  
**FS 1.0**



Revisions	by
DEC. 1, 05	
DEC. 10, 05	
MAY 15, 06	
JUNE 7, 06	

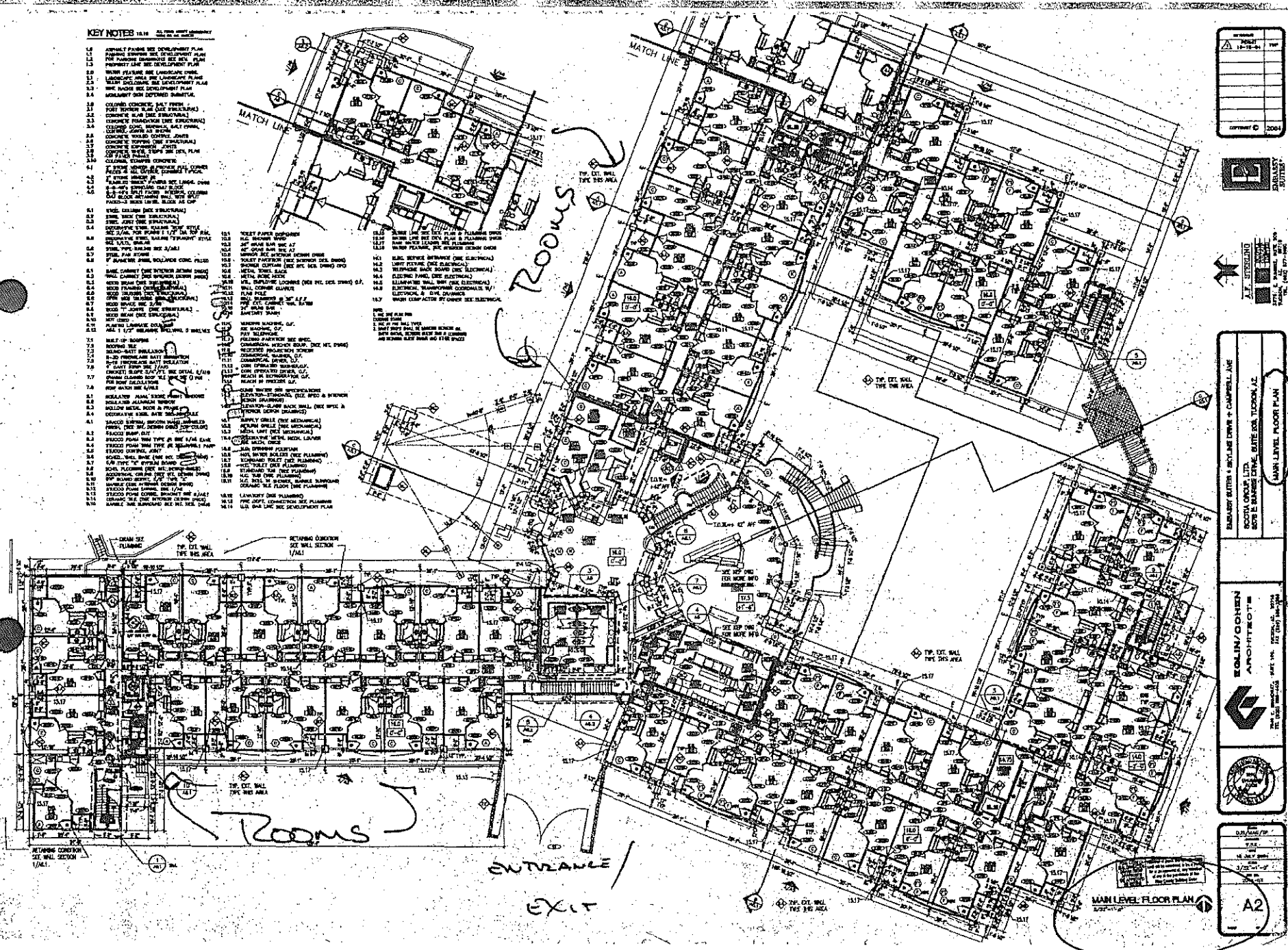
RENE TINSLEY  
 4500 CIRCLES  
 INTERIORS  
 1000 N. GILBERT AVE.  
 SUITE 100  
 MESA, AZ 85204  
 (480) 991-1000

JENNIFER BLISS - INTERIOR DESIGN & CHAIRMAN  
 1000 N. GILBERT AVE.  
 SUITE 100  
 MESA, AZ 85204

JENNIFER BLISS  
 INTERIORS  
 1000 N. GILBERT AVE.  
 SUITE 100  
 MESA, AZ 85204

Revisions	by
DEC. 1, 05	
DEC. 10, 05	
MAY 15, 06	
JUNE 7, 06	

I.D.  
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**J.P. STERLING**  
  
 174 E. MARKET, SUITE 309  
 CHICAGO, ILL. 60601

EMERSON BATTERY & BICYCLE DRIVE + CAMPBELL, AVE.  
SCOTIA GROUP, LTD.  
8078 E. MARSH DRIVE, SUITE 808, TUCSON, AZ  
MARSH LEVEL FLOOR PLAN

**EGLIN/COHEN**  
**ARCHITECTS**

**THE E. E. EGLIN ARCHITECTS**  
1000 N. W. 10TH AVE.  
SUITE 100  
MIAMI, FL 33136  
TEL: (305) 344-4444

**THE E. E. EGLIN ARCHITECTS**  
1000 N. W. 10TH AVE.  
SUITE 100  
MIAMI, FL 33136  
TEL: (305) 344-4444

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V.N.E.  
14 JUL 70  
3/22-01-0  
A2

POOL  
AREA

REGAN/COHEN  
ARCHITECTS

SUITE 160, TUCSON, AZ, 85710  
FAX (520) 888-2088

EMBASSY SUITES • SKYLINE DRIVE + CAMPBELL AVE

SCOTTA GROUP, LTD.  
3373 E. SUNRISE DRIVE, SUITE 202, TUCSON, AZ

COURT YARD GRADING PLAN

2001 AUG 22 P 4: 25

100-442103-10

**A. F. STERLING**

3576 E. SURPRISE, SUITE 206  
TUCSON, AZ 85718  
TEL. (602) 577-3600

**EMBASSY  
SUITES**

2004 5

第 154 页

REKTE BASELINE  
2000' FOR  
STANDARD LAYOUT



**SECTION 17 SIGNATURE BLOCK**

Thomas Robert Aguilera, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1.  
(Print Full Name)

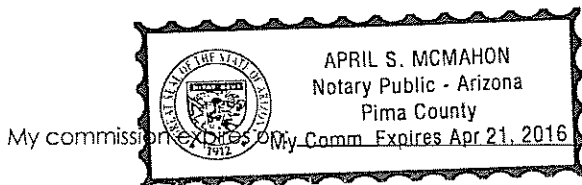
I have read this application and verify all statements to be true, correct and complete.

X \_\_\_\_\_  
(Signature)

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

9 of July, 2015  
Day Month Year  
April S. McMahon  
Signature of NOTARY PUBLIC



**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.