

# Pima County Clerk of the Board

Robin Brigode

Julie Castañeda  
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

April 14, 2016

Paolo Robert DeFilippis  
Truland Burgers and Greens  
2823 E. Speedway Ste. 201  
Tucson, AZ 85716

RE: Arizona Liquor License No.: 12104428  
d.b.a. Truland Burgers and Greens

Dear Mr. DeFilippis:

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 March 21, 2016. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, May 3, 2016, 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 black ink that reads "Robin Brigode". The signature is fluid and cursive.

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

APR 13 16M0304P00K0FED  
AGB

Date of Posting:

3/23/16

Date of Posting Removal:

4/12/16

Applicant's Name:

Truland Burgers and Greens  
DeFilippis

Paolo

Robert

Last

First

Middle

Business Address:

7332 N. Oracle Rd.

Tucson

85704

Street

City

Zip

License #: 12104428

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

R. GRENIER

Print Name of City/County Official

#6175

PCSD

Title

351-6000

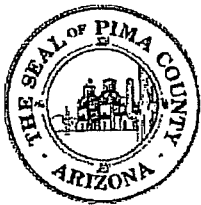
Phone Number

Signature

4/12/16

Date Signed

Return this affidavit with your recommendations (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.



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

TO: Development Services, Zoning Division

FROM: Alina Barcenas  
Administrative Support Specialist

DATE: March 22, 2016

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Paolo Robert DeFilippis  
d.b.a. Truland Burgers and Greens  
7332 N. Oracle Rd.  
Tucson, AZ 85704

Arizona Liquor License No. 12104428  
Series 12, Restaurant  
New License X  
Person Transfer       
Location Transfer     

ZONING REPORT

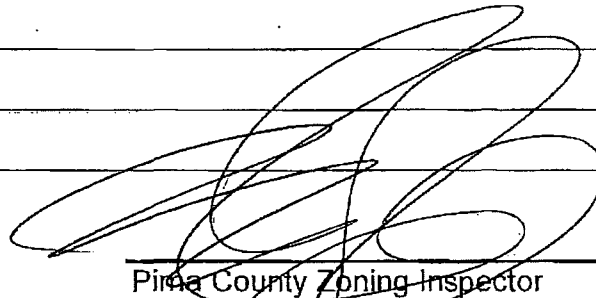
DATE: 3/23/16

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

MAR 23 16 PM 01:09 PM CLK OF PD

AFS



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

16 FEB 26 11:47 AM 1288

16-05-9248

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 # 12 12104428

1. Type of License: 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: DeFilippis

Paolo

Robert

Last

First

Middle

2. Owner Name: G Burger and Greens on Oracle LLC

(Ownership name for type of ownership checked on section 2)

3. Business Name: Truland Burgers and Greens

(Exactly as it appears on the exterior of premises)

4. Business Location Address: 7332 N. Oracle Rd. Tucson AZ Pima

(Do not use PO Box)

Street

City

State

Zip Code

County

5. Mailing Address: 2823 E. Speedway Ste 201 Tucson AZ

(All correspondence will be mailed to this address)

Street

City

State

Zip Code

6. Business Phone: Pending Daytime Contact Phone: 520-907-9591

7. Email Address: paolodef2000@yahoo.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: Tucson

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ 0

Fees: 100 50 22 172-

Application

Interim Permit

Site Inspection

Finger Prints

Total of All Fees

Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? ☒ Yes ☐ No

Accepted by: M.S. Date: 03/16/2016 License # 12104428

## 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: \_\_\_\_\_

2. Is the license currently in use? ☐ Yes ☐ No If no, how long has it been out of use? \_\_\_\_\_

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

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

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

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

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_

Day

Month

Year

My Commission Expires on: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
(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

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

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

Last	First	Middle	Mailing Address	City	State	Zip Code

**TRIBE**

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

Last	First	Middle	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: G Burger and Greens on Oracle, LLC2. Date Incorporated/Organized: 11/16/2015 State where Incorporated/Organized: AZ3. AZ Corporation or AZ L.L.C File No: L20476692 Date authorized to do Business in AZ: 11/19/20154. Is Corp/L.L.C. Non Profit? ☐ Yes ☒ No

5. List Directors, Officers, Members in Corporation/LLC:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
J & P Restaurant Management LLC			Manager	2823 E Speedway Ste 201 Tucson	AZ	85716	

(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
J & P Restaurant Management LLC			100	2823 E Speedway Ste 201 Tucson	AZ	85716	

(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.

G Burger &  
Greens an  
Oracle LLC

J & P Restaurant  
Management LLC  
manager

Jeffrey Scott Katz

member  
50

Paolo Robert DeFilippis

member  
50

**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) requested)

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 Liquor 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.

### NOTARY

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

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

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

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

\_\_\_\_\_  
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: \_\_\_\_\_  
(if less than one (1) mile note footage)

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

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

2. Distance to nearest Church: \_\_\_\_\_  
(if less than one (1) mile note footage)

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

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

### SECTION 14 Business Financials

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

2. If the premise is leased give lessors:

Name: Cottonwood properties llc, c/o Romano real estate corp.

Address: 3900 E. Via Palomita Tucson AZ 85718  
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 6,232.75

4. What is the remaining length of the lease? 5 Years 0 Months

5. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other: remaining term, otherwise \$0  
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

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

Full service restaurant with bar, serving burgers, chopped salads, fries, mac and cheese, ice cream, beer, wine, cocktails

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 #: \_\_\_\_\_ Individual Owner /Agent Name: \_\_\_\_\_  
(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.

P.D.  
(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.

P.D.  
(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 | <b>Patio:</b> | <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Walk-up windows            | <input type="checkbox"/> Drive-through 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? 05/15/2016

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.

P.D.  
(Applicant's Initials)

**SECTION 16 Diagram of Premises – continued**

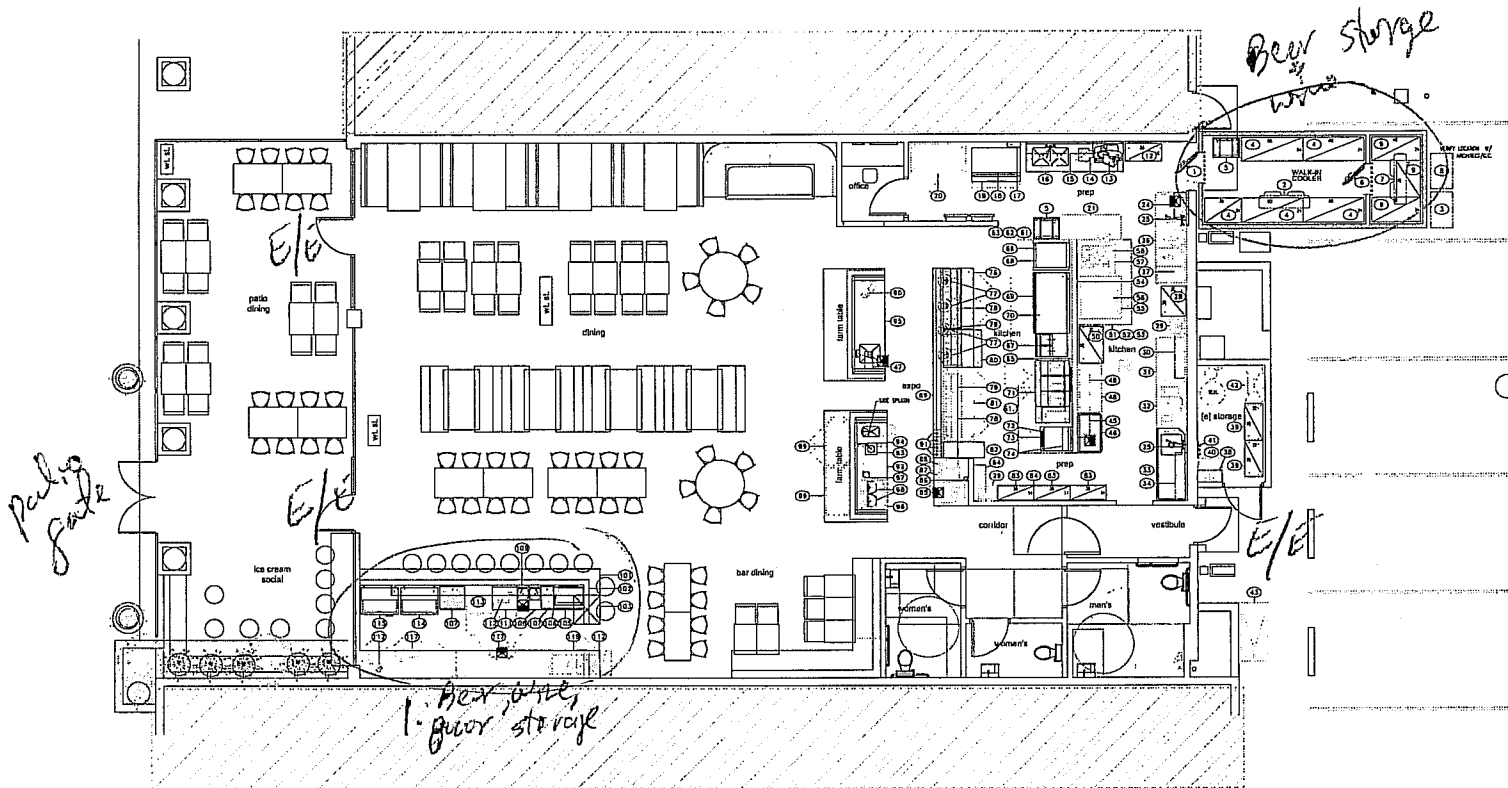
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking 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**

Diagram Attached

# Section 16 Diagram



**EQUIPMENT FLOOR PLAN**  
SCALE: 1/4" = 1'-0"

3,200 sq. ft.

- GENERAL NOTES:**
1. THESE PLANS ARE PROVIDED FOR THE PURPOSE OF INDICATING FOODSERVICE EQUIPMENT LOCATIONS AND REQUIREMENTS ONLY AND ARE NOT TO BE CONSTRUED BY THE GENERAL CONTRACTOR OR SUBCONTRACTOR AS TO RELIEVE THEM FROM THEIR RESPONSIBILITY OF COMPLYING WITH ALL APPLICABLE CODES. REFER TO ARCHITECTURAL, 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 ASSIGNED COORDINATOR TO INSURE THAT THE FOODSERVICE EQUIPMENT CONTRACTOR RECEIVES COPIES OF ALL APPLICABLE 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, POT RACKS, 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 CONTRACTORS RESPONSIBILITY TO VERIFY AND COORDINATE WITH THE FOODSERVICE EQUIPMENT CONTRACTOR ANY DISCREPANCY OR OMISSION INCLUDING, BUT NOT LIMITED TO DIMENSIONAL LAYOUT ON THESE PLANS PRIOR TO START OF CONSTRUCTION. ALL TRANSACTIONS SHALL BE IN WRITING.
  8. FLOOR DEPRESSIONS & INSULATED FLOORS FOR WALK-IN'S ARE TO BE PROVIDED BY THE GENERAL CONTRACTOR AND AS DETAIL.
  9. GENERAL CONTRACTOR TO PROVIDE FINISHED CURBS FOR WALK-IN REFRIGERATION/FREEZER COMPRESSOR/CONDENSER UNITS (VERIFY LOCATIONS). SLEEVES SHOULD BE PROVIDED THROUGH CURBS AND FINISHED BUILDING ROOF FOR REFRIGERATION LINE SETS, SLEEVES AND PENETRATIONS THROUGH ROOF OR BUILDING WALLS SHALL BE FURNISHED AND INSTALLED BY THE GENERAL CONTRACTOR. CONSULT WITH ARIZONA RESTAURANT SUPPLY, INC. FOR DIAHETER SIZE (SLEEVES) REQUIRED. PENETRATIONS THROUGH FIRE RATED WALLS AND FIRE RATED CEILING SHALL BE BY THE GENERAL CONTRACTOR.

- HEALTH DEPARTMENT NOTES:**
1. FOOD PREPARATION, DISHWASHING, STORAGE, AND RESTROOM AREAS TO HAVE:
    - A) DURABLE, EASILY CLEANABLE, AND PROPER COVER BASE FLOORS.
    - B) SMOOTH, NON-ABRASIVE, AND EASILY CLEANABLE LIGHT-COLORED WALLS AND CEILINGS.
  2. ICE MACHINE DINS, CONDENSATE LINES, FOOD PREPARATION SINKS, DISHWASHERS, AND WATER/BEVERAGE DISPENSING SYSTEMS SHALL DRAIN PROPERLY 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.

EQUIPMENT LEGEND	
	BUY OUT EQUIPMENT
	PROVIDED BY OTHERS
	EXISTING EQUIPMENT
	HIDDEN EQUIPMENT
	OVERHEAD EQUIPMENT

**SECTION 17 SIGNATURE BLOCK**

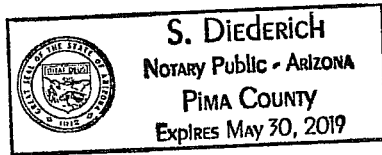
**NOTARY**

I, (Print Full Name) PAOLO ROBERT DEFILIPPIS, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature)

*[Handwritten Signature]*

State of Arizona County of Pima



The foregoing instrument was acknowledged before me this

23rd of February, 2016

Day

*[Handwritten Signature]*

Month

Year

My commission expires on:

5-30-2019

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.