

# 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

June 30, 2016

Craig Stephen Ivanyi  
Ironwood Terraces/Ocotillo  
2021 N. Kinney Road  
Tucson, AZ 85743

RE: Arizona Liquor License No.: 12104445  
d.b.a. Ironwood Terraces/Ocotillo

Dear Mr. Ivanyi:

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 May 31, 2016. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, August 2, 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

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

Sincerely,

Robin Brigode  
Clerk of the Board

Enclosure



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: 6/6/16 Date of Posting Removal: 6/27/16

Applicant's Name: Ironwood Terraces/Ocotillo

Applicant's Name: Ivanyi Craig Stephen  
Last First Middle

Business Address: 2021 N. Kinney Road Tucson 85743  
Street City Zip

License #: 12104445

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

R. GRENIER #6175 PCSD 520 351 6000  
Print Name of City/County Official Title Phone Number

[Signature] 6/27/16  
Signature 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.

UNRECORDED



# Pima County Clerk of the Board

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Document and Micrographics Mgt. Division  
1640 East Benson Highway  
Tucson, Arizona 85714  
Phone: (520) 351-8454 • Fax: (520) 791-6666

TO: Development Services, Zoning Division

FROM: Alina Bárcenas *AFB*  
Administrative Support Specialist

DATE: June 1, 2016

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Craig Stephen Ivanyi  
d.b.a. Ironwood Terraces/Ocotillo  
2021 N. Kinney Road  
Tucson, AZ 85743

Arizona Liquor License No. 12104445  
Series 12, Restaurant  
New License X  
Person Transfer       
Location Transfer     

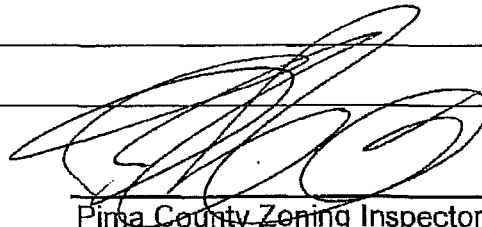
ZONING REPORT

DATE: 6/13/16

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

Yes ☒ No ☐

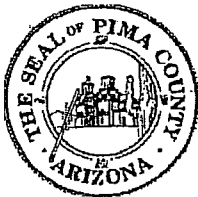
If No, please explain:

  
Pima County Zoning Inspector

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

JUN 13 16 PM 03:21 POC CLK OF B





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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Alina Bárcenas *AFB*  
Administrative Support Specialist

DATE: June 1, 2016

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Craig Stephen Ivanyi  
d.b.a. Ironwood Terraces/Ocotillo  
2021 N. Kinney Road  
Tucson, AZ 85743

Arizona Liquor License No. 12104445  
Series 12, Restaurant  
New License X  
Person Transfer       
Location Transfer     

SHERIFF'S REPORT

DATE: 06/17/16

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

- Nothing Noted

*[Signature]* # 1226  
Investigative Support Unit Supervisor

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

JUN 20 16 08 16 PC CLK OF PD  
*AFB*



16 MAY 25 147. Lic. RM 9 51

Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
Phoenix, AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

16-11-9254

Application for Liquor License  
Type or Print with Black Ink

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 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

1. Type of License: Restaurant LICENSE # 12104269 1210 4445

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Ivanyi Craig Stephen P1076248  
Last First Middle  
2. Owner Name: Arizona-Sonora Desert Museum, Inc. B1056754  
(Ownership name for type of ownership checked on section 2)  
3. Business Name: Arizona-Sonora Desert Museum Ironwood Terraces 31012227  
(Exactly as it appears on the exterior of premises)  
4. Business Location Address: 2021 N. Kinney Road Tucson AZ 85743 Pima  
(Do not use PO Box) Street City State Zip Code County  
5. Mailing Address: 2021 N. Kinney Road Tucson AZ 85743  
(All correspondence will be mailed to this address) Street City State Zip Code  
6. Business Phone: 520-883-1380 Daytime Contact Phone: 520-883-3036  
7. Email Address: civanyi@desertmuseum.org  
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) \$ N/A

Fees: \$100.00 \$100.00 Department Use Only \$50.00 \$110.00 \$360.00  
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: [Signature] Date: 5/25/16 License # 12104445

16 MAY 25 Lic. Lic. AM 9 51

### 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: 12101263

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, <u>Mark Anthony Bianchi</u> <u>See Attached Letter</u> (Print Full Name)		declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.	
X	<u>See Attached Letter</u> (Signature of CURRENT Individual Owner/Agent)	State of _____	County of _____
My commission expires on: _____ Date		The foregoing instrument was acknowledged before me this _____ Day of _____ Month _____ Year	
		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



ARIZONA-SONORA  
DESERT  
MUSEUM

16 MAY 25 1971 Lic. #1951

John Cocca, Director  
Arizona Department of Liquor Licenses and Control  
800 W. Washington, 5th Floor  
Phoenix, AZ 85007

Re: Application from the Arizona-Sonora Desert Museum for the issuance of a Series  
12 Liquor License for the issuance of an Interim Permit

Dear Director Cocca,

On behalf of the Arizona-Sonora Desert Museum, Inc., this letter is being submitted in support of the application for a new series 12 liquor license and for the issuance of an interim permit for the restaurant license integral to operations at the Museum being sought by the Museum. At present, Ironwood Food Services LLC, the agent for which is Mark Bianchi, operates the existing restaurant license (No. 12101263), at the Museum, located at 2021 N. Kinney Road, in Tucson, Arizona. The license application being filed by the Museum is for the same type already issued to the location and for the same licensed premises covered by the existing license.

The relationship between the Museum and Mr. Bianchi is coming to an end. The Museum will be the new licensee, with a new agent and manager, and will assume the responsibilities for the operation of the restaurant. The transition will occur on May 30, 2016. The transition from Ironwood and Mr. Bianchi has been proceeding well, but with Mr. Bianchi out of the country, the Museum has not been able to secure the original license held by Ironwood or to obtain the signature for section 5 of the application of Mr. Bianchi to document the transition from Ironwood to the Museum. However, as the entity which controls the property on which the Museum and the restaurant operates, the Museum wants the Department to know that the Museum is the lessee of the premises on which the restaurant operates, and that Ironwood and Mr. Bianchi will no longer have any right or responsibility for that property from and after May 30, 2016.

16 MAY 25 147. Lic. AM 9 51

As such, the Arizona-Sonora Desert Museum asks the Department to approve the Museum's application for a restaurant license and for the issuance of an interim permit to the Museum to allow the Museum's restaurant to continue to provide a full range of services while the application is pending.

If you have any questions about this letter, please contact me directly.

Sincerely,

ARIZONA-SONORA DESERT MUSEUM

A handwritten signature in black ink, appearing to read 'Craig Ivanyi', written over a horizontal line.

Craig Stephen Ivanyi  
Executive Director



STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL  
ALCOHOLIC BEVERAGE LICENSE  
License 12101263

Issue Date: 1/20/1994

Expiration Date: 9/30/2016

Issued To:

MARK ANTHONY BIANCHI, Agent  
IRONWOOD FOODSERVICES LLC, Owner

Mailing Address:

MARK ANTHONY BIANCHI  
IRONWOOD FOODSERVICES LLC  
IRONWOOD TREE  
2021 N KINNEY RD  
TUCSON, AZ 85743

Location:

IRONWOOD TREE  
2021 N KINNEY RD  
TUCSON, AZ 85743

EXP 9/30/2016



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	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.: Arizona-Sonora Desert Museum, Inc.2. Date Incorporated/Organized: April 14, 1953 State where Incorporated/Organized: Arizona3. AZ Corporation or AZ L.L.C File No: 19024 00443657 Date authorized to do Business in AZ: September 1, 19524. 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
Ivanyi	Craig	Stephen	Executive Director	2021 N. Kinney Rd.,	Tucson	AZ	85743
Bonine	Kevin	Edward	Council Chair	7320 E. Calle Cabo	Tucson	AZ	85750
Bakken	Erik	Bradley	ViceChair	9131 N. Calle Loma Linda	Tucson	AZ	85704
Engels	Patricia	Ann	Secretary/Treasurer	278 Deer Court,	Incline Village	NV	89451

(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
N/A	No one else owns						
	10% or more						

(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.

**SECTION 8 Club Applicants**

16 MAY 25 14. Lic. # 951

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: \_\_\_\_\_
1. 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)**

16 MAY 25 11:47 Lic. #1951

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 of CURRENT Individual Owner/Agent)

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

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

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

\_\_\_\_\_  
Signature of NOTARY PUBLIC

**SECTION 13 Proximity to Church or School**

16 MAY 25 11:47 AM '16

Questions to be completed by all in-state applicants.

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) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18

- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207 (B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 8.6 miles  
(If less than one (1) mile note footage)

Name of School: Picture Rocks Intermediate

Address: 5875 N. Sanders Rd., Tucson AZ 85743

2. Distance to nearest Church: 9.3 miles  
(If less than one (1) mile note footage)

Name of Church: Sandario Baptist Church

Address: 6971 N. Sandario, Tucson, Az 85743

**SECTION 14 Business Financials**

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

2. If the premise is leased give lessors:

Name: Pima County Government

Address: 130 W. Congress Tucson AZ 85701  
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 10.00 per year

4. What is the remaining length of the lease? Yrs. 12 Months 4

5. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or Other: Any remedies provided by law  
(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)?

Zoo, botanical garden, natural history museum, aquarium, and art institute.

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

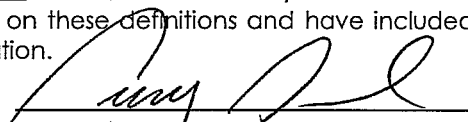
10. Is the premises currently license with a liquor license? ☒ Yes ☐ No

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

License #: 12101263 Individual Owner /Agent Name: Mark Anthony Bianchi, Agent Ironwood FoodServices LLC, Owner  
(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**

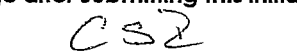
Check ALL boxes that apply to your business:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | <b>Patio:</b> <input type="checkbox"/> Contiguous  |
| <input type="checkbox"/> Walk-up windows            | <input type="checkbox"/> Drive-through windows           | <input checked="" 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? N/A

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.
5. **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**

SEE ATTACHED

## **Section 16 – Diagram of Premises & Floor Plans**

The areas where liquor will be sold, served and consumed include the following areas:

<b>Restaurant Complex</b>	<b>19,800 Square Feet – Diagram Attached</b>
Ironwood Terraces	100 Indoor Seats
Ocotillo	60 Indoor Seats

Alcohol may also be sold, served and consumed in a non-restaurant area for catered events during and after normal operating hours.

<b>Baldwin Education Bldg.</b>	<b>13,555 Square Feet – Diagram Attached</b>
	220 Indoor Seats



16 MAY 25 1947. Lic. AM 9 51

RESTAURANT COMPLEX  
FURNITURE  
PLAN BUILDING  
L. W. WILSON, ARCHT.  
L. W. WILSON, ARCHT.  
442 E. SPRING ST., PHOENIX, ARIZ.  
1947

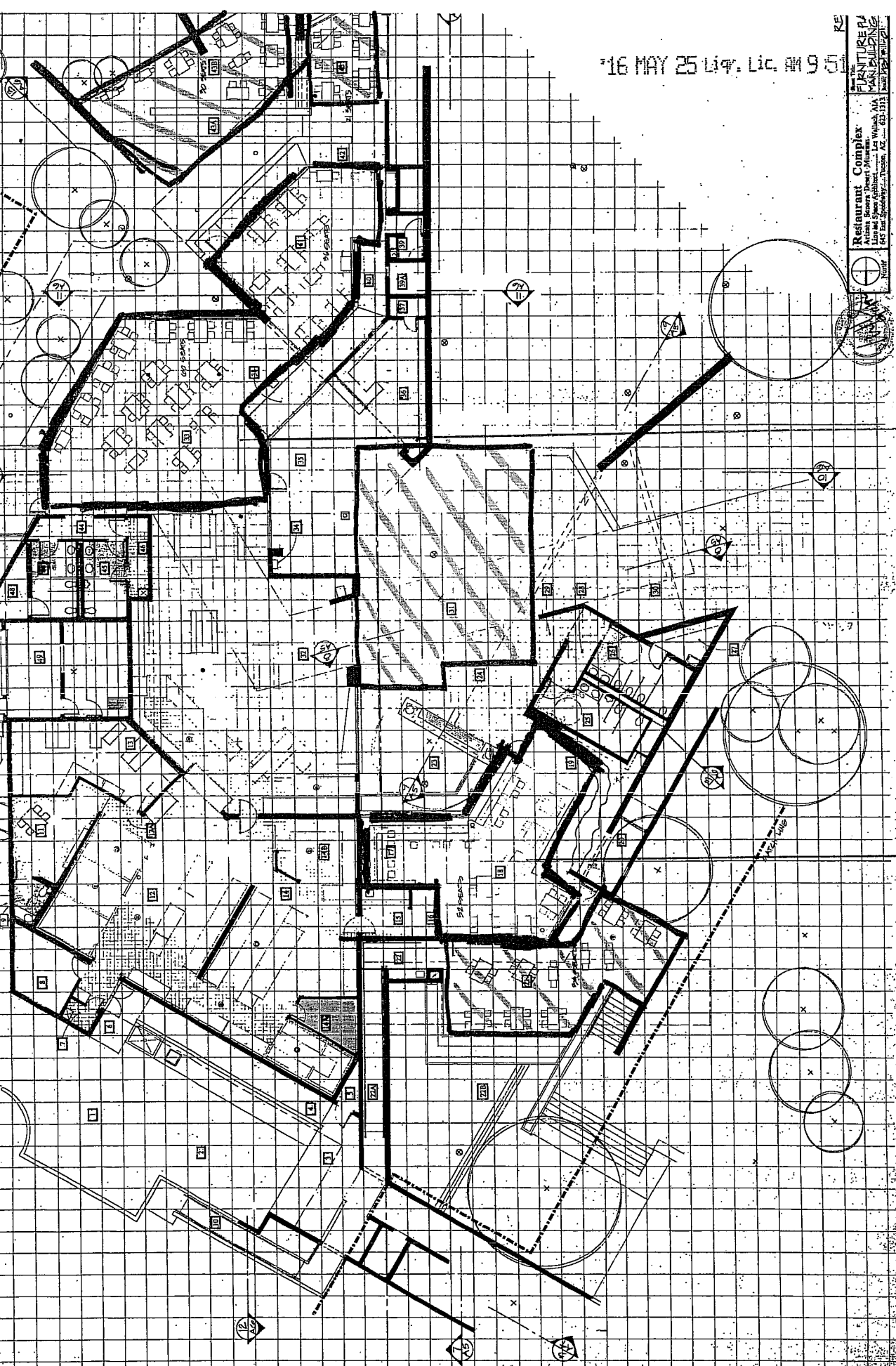
Ironwood Terraces

Oct. 11.10

Liquor Store

Indoor Dining

Outdoor Dining

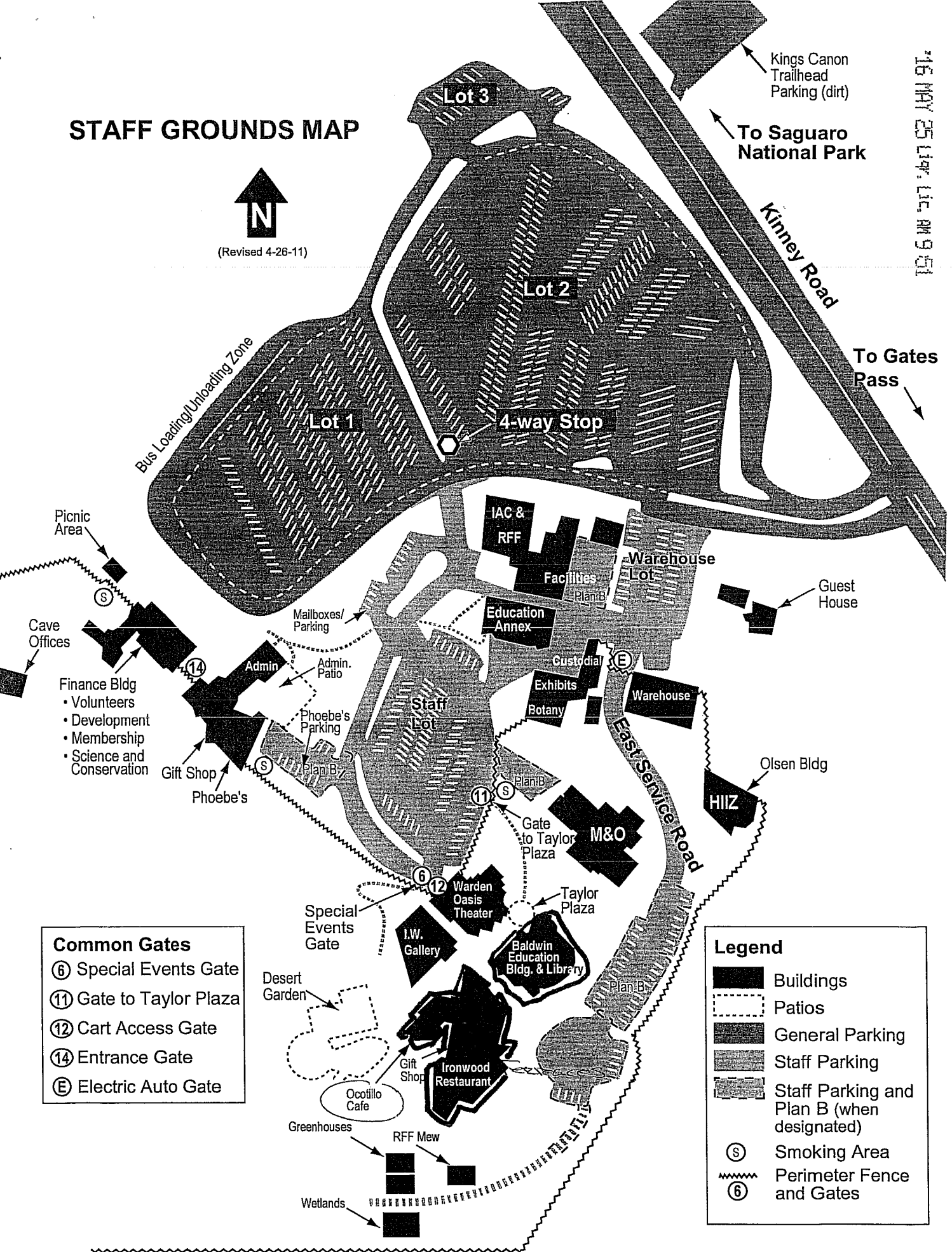


# STAFF GROUNDS MAP



(Revised 4-26-11)

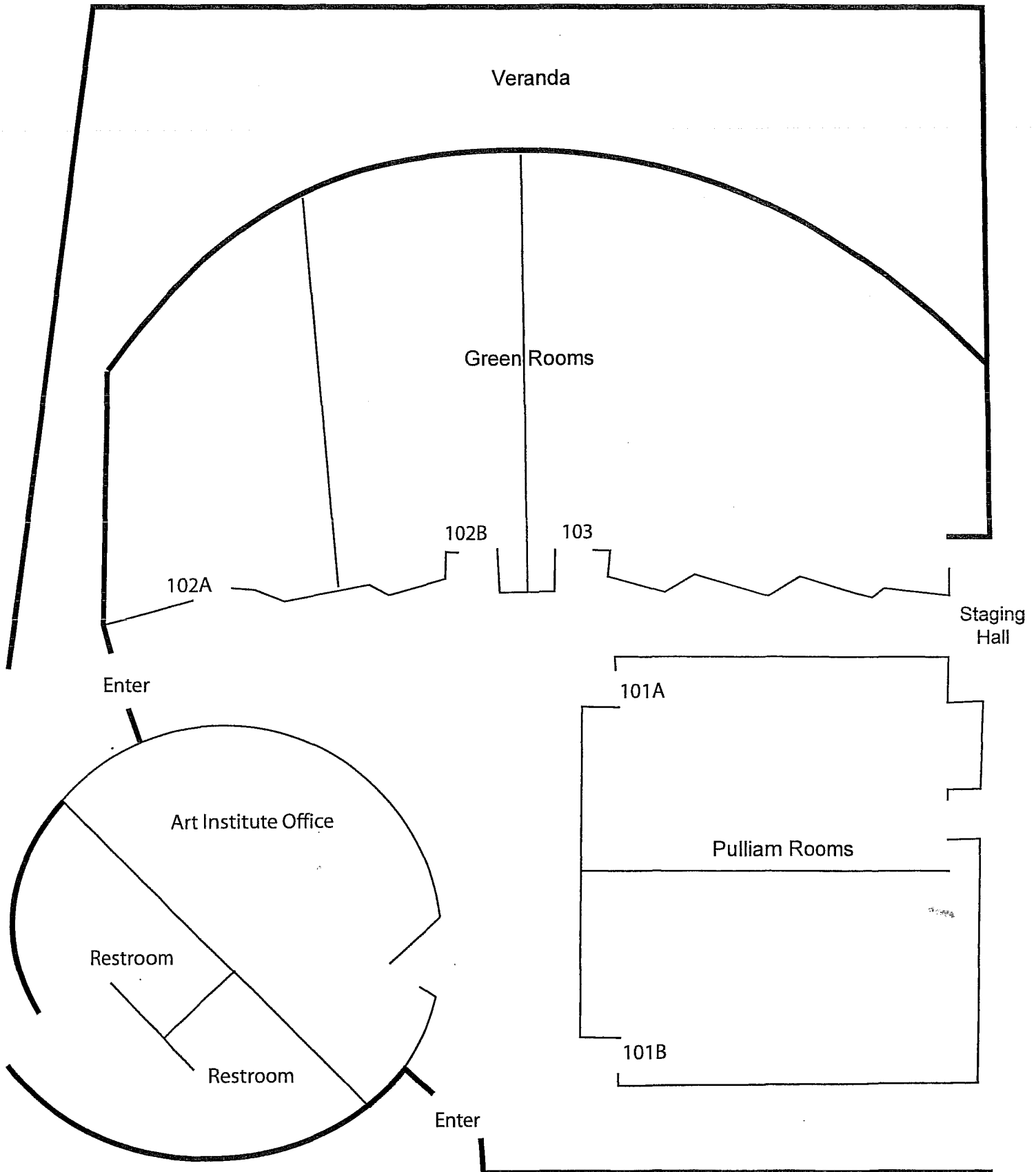
16 MAY 25 14P, Lic. RM 9 51



16 MAY 25 14. Lic. AM 951

# Special Events – Balwin Education Building

Revised 2-24-2010



**SECTION 17 SIGNATURE BLOCK**

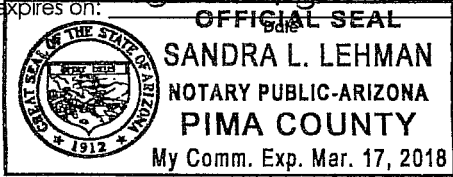
**NOTARY**

I, (Print Full Name) Craig Stephen Ivanyi, 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]*  
(Signature of CURRENT Individual Owner/Agent)

State of ARIZONA County of PIMA  
The foregoing instrument was acknowledged before me this

My commission expires on: 3.17.18



23 of MAY, 2016  
Day Month Year  
*[Signature]*  
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.