

Julie Castañeda Deputy Clerk

Pima County Clerk of the Board

Robin Brigode

Administration Division 130 W. Congress, 5th Floor Tucson, AZ 85701 Phone: (520)724-8449 • Fax: (520)222-0448 Document and Micrographics Mgt. Division 1640 East Benson Highway Tucson, Arizona 85714 Phone: (520) 351-8454 • Fax: (520) 791-6666

July 15, 2016

Kevin Arnold Kramber Three Canyon Beer and Wine Garden 536 E. Wagon Bluff Drive Tucson, AZ 85704

RE:

Arizona Liquor License No.: 07100040

d.b.a. Three Canyon Beer and Wine Garden

Dear Mr. Kramber:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 7, Beer and Wine, which was received in our office on June 20, 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

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,

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: _	6/22/16	Date of Posting Removal:	7/1	1/16
	Three Canyon Beer and Wi	ine		
	Garden	Kevin		Arnold
Applicant's Name	Last	First	1. 14.1111.111111.7.2.1.2.17.7.111.1.1.1.1.1.	Middle
Business Address:	4999 N. Sabino Canyon Roa	ad	Tucson	85750
D 0011 (000 1 (010 100 100 100 100 100 10	Street		City	Zip
License #: 0710 I hereby certify the licensed by the disconnections.	at pursuant to A.R.S. 4-201, I posted notice was provided to the same of the s	notice in a conspicuous place on posted for at least twenty (20) day	./0	
	OWELL Print Name of City/County Official	PREXESS SERVE	251. Pho	COOO ne Number (f / 16 te signed
	M. Jame		7/	11/16
	Signature		Da	ie signea

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.

SPEUE 271.3800 KEVIN 235.5684 8/21/2015

Page 1 of 1

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



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TO:	Development Services, Zoning Division
FROM:	Alina Bárcenas AGS Administrative Support Specialist
DATE:	June 21, 2016
RE:	Zoning Report - Application for Liquor License
Attached is	the application of:
	e Canyon Beer and Wine Garden bino Canyon Road
	nsfer X
ZONING R	EPORT DATE: 6 24/16
Will current	zoning regulations permit the issuance of the license at this location?
Yes 🗘	No 🗆
If No, pleas	se explain:
	Pima Covery Toping Toping

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



Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor

Phoenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141 16-13-9256

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) Complete Section 2, 3, 4, 11, 13, 14, 16) Probate/ Will Assignment/ Divorce Decree (Complete Sections 2, 3, 4, 9, 13, 14, 16) Government (Complete Sections 2, 3, 4, 10, 13, 16) Government (Complete Sections 2, 3, 4, 10, 13, 16) Government (Complete Section 6) Trust (Complete Section 6) Trust (Complete Section 6) Tribe (Complete Section 6) Other (Explain)	Σ)
SECTION 3 Type of license 1. Type of License: LICENSE # of Loop to	
SECTION 4 Applicants 1. Individual Owner/Agent's Name: Last Lost Cowner Name: (Ownership name for type of ownership checked on section 2) 3. Business Name: (Exactly as it appears on the exterior of premises) 4. Business Location Address: 4999 N. DAB: DO CANGE PD. 100500 AZ 85 550 (Do not use PO Box) Street City State Zip Code County 5. Mailing Address: 536 E. WAGGE BUFF DZ. 100500 AZ 85 64 (All correspondence will be mailed to this address) Street City State Zip Code County Daytime Contact Phone: 5320 Z35-568 A	\$704
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) \$ 14,000.00 Fees: 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: Statement Of Citizenship & Date: O 100 100 License #	

SECTION 5 Interim Permit

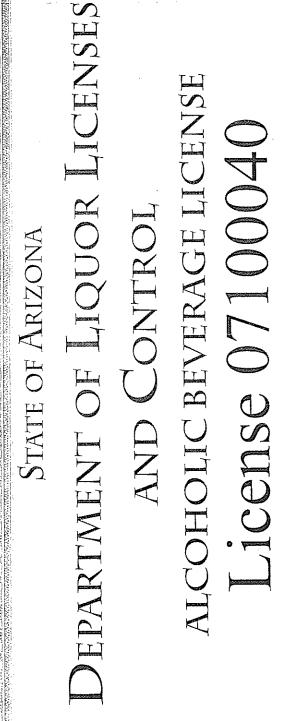
- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There MUST be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license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

		nse currently iss								
·	(Print Ful	l Name)	declar	ethat I am thated license a	e CURREN nd locatio	NT OWNER, on.	agent, o	R CONT	rolling	PERSON
<u> </u>	/Signature of CURRE	NT Individual Owner/A	oerd)	State	of	The foregoing Ir	Coun	ty of	duod balan	12.7
lv commî	ssion expires on		gemj			of				e me ma
y commi		Date			Day		Month		f	Year
سب						Signa	ture of NOTA	RY PUBLIC		
idividuc										
	_									
st	First	Middle		%Owned	Mailing	Address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip Cod
	son other than a	bove going to	share in profit	Acses of the	husiness	s Пуе	s Mr	······································	***************************************	
any per Yes, give	e name, current	above, going to s address, and tel Middle	•	ber of persor	n(s). Use	additional			Ory. Phone	#
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any per Yes, give st artnersh ame of	name, current First nip Partnership: ited Last S (Joint Tenant w	address, and te	Mail Mail Mitfdle	ber of persor	city	additional State	sheets if a Zip Code	necess	Phone	
any per Yes, give st artnersh ame of eneral-Lim	name, current First nip Partnership: ited Last S (Joint Tenant w	address, and te	Mail Mail Mitfdle	ber of persor	city	additional State	sheets if a Zip Code	necess	Phone	

SECTION 6 - continued

SECTION 6	- Commoed						
TRUST Name of Tr	ust:						
last		First	Middle	Mailing Address	City	State	7in Corio
Last		LIE	Middle	Mulang Address	Cny	Sittle	Zip Code
TRIBE	ih al Oura arabin:		_				
Name of it	ibal Ownership:						
Last		First	Middle	Mailing Address	Сіту	State	Zip Code
					н не		
Ť							
	N LISTED MUST SUBM	mited Liability Co LIT A COMPLETED QUEST Complete Question		PLICANT" TYPE FINGERPRINT	CARD AND \$22	PROCESSING	FEE FOR EACH
₩ ₩	·	Complete Question					
		L.C: THATE					
				where Incorporated/C	Judanised.	Larzo	~ ~
				Date authorized to a			
•				Date dofficinged to c	3O DO3111C33 11 f	ML	(5 / 2-10
•	L.C. Non Profit?		ion/LLC:				
5. LIST DIFEC	tors, Officers, Me	embers in Corporat	ION/L.L.C.				
Las i	First	Middle	Title	Mailing Address	City	State	<i>I</i> ip Code
TORK	EOGLAR	JOHNSON	mem.	4,80 = , Caz=	Fox LANS	Tuesen	, A = 8= f= b
Suezho.	, Sneveni	LYNON	men.				Sec. AE 85 199
1 /		,	wem.	agaa E, Morr	ina STAZ	Dr. To.	- Az ES 74
72 5 5 L	GECHNER A	a Linga Driana N/A	wien.				_ Az 05+50
		(Att	ach additional sheet				•
6. List all St	ockholders / per	centage owners w	ho own 10% or	more:			
Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
	SORAR		25)		-		- AE 85 50
Swell	J 570-00	とていうのん	25%				501, AZ 85 749
Suzzijo	N SUBANHA	· Lisja	25%				-501- AZ 85 F 4"
12=3 L ~ Lc	across As	niava W/A	2500	FIBE E. CLEY	· Fox Laus	1-25.1	. AZ 85 750

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.



Issue Date: 1/19/2016

Expiration Date: 9/30/2016

Issued To: JOHNNY ALFRED GOURLEY, Agent VATO LLC, Owner

Location: LONG HORN GRILL 28851 S NOGALES HW

Mailing Address:
JOHNNY ALFRED GOURLEY
VATO LLC
LONG HORN GRILL
PO BOX 273

POST THIS LICENSE IN A CONSPICTOUS PLACE

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	***						
	ofit? Tes No ing members (minimu	ım of four (4) requ	ested)				
Last	First	Mîddle	Mailing	Address	Cîty	State	<i>I</i> ip Code
						··· · · · · · · · · · · · · · · · ·	
•		(Attach addi	itional sheet if necessar	N			
SECTION 9 Probate,	Will Assignment or D	Divorce Decree of	f an existing Liqu	or License			
1. Current Licensee	's Name:						
(Exactly as it appea	ır on the license)	Lost	First	Middle			
2. Assignee's Nam	e:	Last	First	Middle	~~~		
) • • • • • • • • • • • • • • • • • • •				
• •							
	LICATION A CERTIFIED OF DISTRIBUTES THE LIQUOR			IION IN STRUME	NI, OR DIVOR	CE DECK	EE
CECTION 10 C		una or counties	ankı)				
	nment (for cities, tov		Olly)				
1. Government En	tity:						· · · · · · · · · · · · · · · · · · ·
2. Person/Designe	e:						
	First	Lost	M	iddle	Day time	e Contact Pho	one #
A SEPARA	ATE LICENSE MUST BE	OBTAINED FOR EA	ACH PREMISE FRO	M WHICH SPIR	ITUOUS LIQU	OR IS SERV	/ED.
SECTION 11 Locati	on to Location Trans	ifer: Series 6 Bar,	Series 7 Beer & V	Vine Series 9 l	Liquor Store:	s only)	
	N 1	. Love t	dons Con	e k ture ham			
1. Current Business	: Name	:			λ	<u> </u>	- 0 - A =
	Addre	ss: 28851	S. DOWAL	as it appears on lie	enze)	<u>') </u>	2 85645
O Nove Business	Nama	. (~ ~ ~ ~	Carton		•	-= Z	ند <i>ا</i> لمسا
2. New Business:	name	A	4	<u> </u>	7		1- GE P.
	Addre	ess: <u> </u>	· . ~	1 A	<u>-, , (</u>	<u> </u>	, Az 85 Fs
1. License Type: ‡	tf-Boon 8	~ ~ ~ =	License Number	: 0+	00040	<u> </u>	
		l					

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: Course (owner / Agent Name: Course (owner / Agent Name: (individual Agent Hc.)
2. Ownership Name: VATO, LLC
3. Business Name: Long Corne (Exactly as # appears on license)
4. Business Location Address: 2885 (5. NOCALES HLW AMA) o AZ 85645
5. License Type: # f - Boos & win= License Number of to so 40
4. Business Location Address: 2885 1 5. DOCALES HAD LINE State Zip 5. License Type: # f - Zero & Win= License Number: Office of O 6. Current Mailing Address: 2866 Carrow Ceres VD. Curr IN 3 fulls Street City State Ip
7. Have all creditors, lien holders, interest holders, etc. been notified? Ares 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. 9.1, (Print Full Name) 9.1, (Print Full Name)
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.
1. (Print Full Name) Lance Ka) 22 Course of 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 State of 100 COunty of 000 The foregoing instrument was acknowledged before me this
My commission expires on: 4-24-19 Date Detre QHA of Many Tear
Lesseco fultor
Signature of NOTARY PUBLIC
SW STATE
TENNESSEE # POGES of 9 4/12/2016 POGES of 9
TO THE PARTY OF TH

IN CONSIDERATION OF THE SUM OF:

TEN DOLLARS AND NO CENTSlawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

Vato, LLC, an Arizona Limited Liability Company

hereby grants, bargains, sells and transfers unto the BUYER:

Three Canyon, LLC, an Arizona Limited Liability Company

and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

That certain State of Arizona Liquor License #07100040

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: May 21 2016

Vato, LLC, an Arizona Limited Liability

Company

Alfred G. Gourley, Member

State of 1900 See }ss:

On May 2016, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Alfred G. Gourley, Member, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WHNESS my hand and official seal

Notary Public

Escrow No.: 00165171

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants.

application is rec (300) horizontal fe or within three hu	(B) state that no retailer's lic eived by the director, within eet of a public or private sch ndred (300) horizontal feet o raph DOES NOT apply to:	n three hundred nool building with	(300) horizontal feet of kindergarten program	a church, within thre is or grades one (1) th	ee hundred nrough (12)
			e) Government license (§ f) Fenced playing area of g) Wholesaler Series 4 h) Farm Winery Series 13	a golf course (§ 4-207 (B)(5	,
1. Distance to nea		∟ ₹	Name of School: Fa	WOTEN SCHOP	:- (6-12
(If less than one (1) m 2. Distance to nea (If less than one (1) m	rest Church: 5-1 &	ES	Address: Tocson Name of Church: Lor Address: Sical	HERRYCROFT	0 F FOOTHIL
SECTION 14 Busine	ss Financials				
1.1am the: 💆 Le	ssee Sub-lessee	Owner	Purchaser	Managemer	it Company
2. If the premise is	leased give lessors:		in Sharpon		
4. What is the rem5. What is the pen6. Total money bo	ease Rate: \$ 5,000 - aining length of the lease? \ alty if the lease is not fulfilled rrowed for the Business not is s/People you owe money to	7rs	or Other:	/	05535101
Last First	Middle	Amount Owed	Mailing Address	City State	<i>T</i> ip
)	<u>Ø</u>	\$		
		1.			
	usiness will this license be use				
	r a transfer license for the proof of the pr	emises on this ap	plication been denied	by the state with in the	ne past (1)
•	ous liquor manufacture, who	lesaler oremploy	ree have an interest in v	vour business?∏Yes.Þ	 ₹No
	currently license with a liquo			house to the second of the sec	_
If yes, give license	number and licensee's nam	e:	1	s il appears on license)	<u></u>

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.	1							
(Applicant's Initials)								
SECTION 16 Diagram of Premises Check ALL boxes that apply to your business:								
Entrances/Exits Liquor storage areas Patio: 🗵 Contiguous								
☐ Walk-up windows ☐ Drive-through windows ☐ 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. <u>Restaurants and Hotel/Motel</u> 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.								
-								

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)

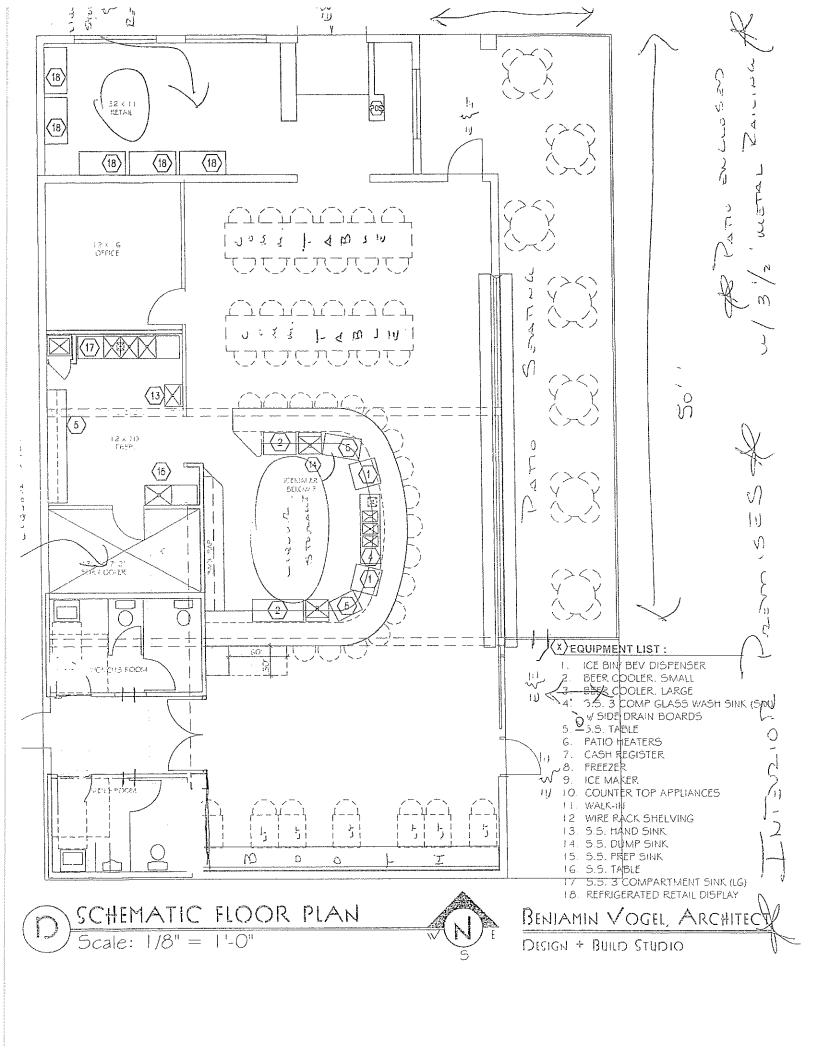
SECTION 16 Diagram of Premises – continued

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

BENJAMIN VOGEL, ARCHITECT DESIGN + BUILD STUDIO SABINO CANYON RD $(\dot{\Omega})$ 1 KT - 1 07.000000 日からいがに PARKING Ų Ä <u>~</u> ₫. 740 S 9450.F. 23 32. % 22. ENTRY **3**3 93 (a) PAR 2.400 S.F. מסמממכ 17 700000 4 . 00 SABINO HOLLOW しょくろ 년 . GARDEN AREA 8,500 S.F. ひょうしつう JANO OTA W DUTDOOR KITCHEN 0 A COL ハトター SPECIAL EVENTS 6.500 S.F. SCHEMATIC SITE PLAN Scale: 1" = 20" 4.2.20 小川山冬 ノベトリン 3411 .9 mis لاني 34,1 Sc 40



I, (Print Full Name) Stated in Section # 1. I have read this application and verify all statements to be true, correct and complete. X State of ARIZONA County of PIMA The foregoing instrument was acknowledged before me this My commission expires on: 29 OCT 2016 My commission expires on: 29 OCT 2016 The foregoing instrument was acknowledged before me this Notary Public - Arizona Pima County My Commission Expires October 29, 2016 Signature of NOTARY PUBLIC	NOTA	ARY
My Commission Expires Signature of NOTARY FUBLIC	stated in Section # 1. I have read this application and verify all X (Signature of CURRENT Individual Owner/Agent) My commission expires on: Z9 0 CT 2016 Gerstaine D Ortiz Notary Public - Arizona	State of ARIZONA County of PIMA The foregoing instrument was acknowledged before me this 13 of JUNE, 2016 Day Month Year Muldin Day
	My Commission Expires	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.