

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

September 1, 2016

Kevin Arnold Kramber Guadalajara Original Grill North 536 E. Wagon Bluff Drive Tucson, AZ 85704

RE:

Arizona Liquor License No.: 12104451

d.b.a. Guadalajara Original Grill North

Dear Mr. Kramber:

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 11, 2016. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, September 6, 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

\$ 30



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

ALCON GROWES FOOLK OF BUILDING

AFFIDAVIT OF POSTING

Date of Posting: _	8/9/16	Dat	te of Posting Removal:	8/3	0/16
	Guadalajara Original	Grill North			,
Applicant's Name			evin		Arnold
	Last		First		Middle
Business Address:	7360 N. Oracle Road			Tucson	85704
	Street			City	Zip
License #: 1210	4451				
	at pursuant to A.R.S. 4-201, I p pove applicant and said notic				ed to be
R. GRE	WIER #G175	PCSD		_357-G	000
Pr	int Name of City/County Official	Ů	Title	Phor	ne Number
				8/3	31/16
	Signature			Dat	lesigned

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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TO:	Development Services, Zoning Division						
FROM:	Alina Bárcenas AS Administrative Support Specialist						
DATE:	July 11, 2016						
RE:	Zoning Report - Application for Liquor License						
Attached is the application of:							
Kevin Arnold d.b.a. Guada 7360 N. Ora Tucson, AZ	alajara Original Grill North cle Road						
Arizona Liqu Series 12, R New License Person Tran Location Tra	sfer						
ZONING RE	PORT DATE: 7/14/16						
Will current	zoning regulations permit the issuance of the license at this location?						
Yes 🖵	No □						
If No, please	e explain:						

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



800 W Washington 5th Floor Phoenix, AZ 85007-2934

Arizona Department of Liquor Licenses and Control 16-15-9258

www.azliquor.gov (602) 542-5141

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 7) 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)
SECTION 3 Type of license 1. Type of License: 12 - 23 TA-AA-T	LICENSE #12104451
SECTION 4 Applicants 1. Individual Owner/Agent's Name.	Herry 12044:
2. Owner Name: (Ownership name for type of ownership checked on section 2) 3. Business Name: (Exactly as it appears on the exterior of premises)	0 00000
4. Business Location Address: そろしゅ しゅんとこ (Do not use PO Box) Street	City State Zip Code County
5. Mailing Address: 536 E. WAGON BLOFF (All correspondence will be mailed to this address) Street 6. Business Phone: Dayt	City State Zip Code time Contact Phone: (520) 235-5684
7. Email Address: KENING AZBARMAN.	
 Is the Business located within the incorporated limits of th Does the Business location address have a street address for another City, Town or Tribal Reservation? Yes No If yes, what City, Town or Tribal Reservation is this Business lo 	or a City or Town but is actually in the boundaries
10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or	Series 9 Liquor Store (license only) \$ \(\tau / \textsquare \)
Fees: 100.00 Interim Permit Site Inspect Is Arizona Statement of Citizenship & Alien Status for State Be Accepted by: SF Date: 7	ion Finger Prints Total of All Fees enefits; complete? XYes \(\sum \) No
	enefits complete? \square Yes \square No \square S \square O License # \square D \square O \square O

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

repl	acement of a flotel,	'Motel license with	a Restaurant	license pursuar	nt to A.R.S. § 4-	203.01.	
1. Enter license	number currently a	the location:					
	currently in use?		_		Thee.		
Attach a copy o	of the license curren	tly issued at this lo	cation to this	application.			
Ι,	(Print Full Name)		e that I am the	CURRENT OWN	ER, AGENT, OR (CONTROLLIN	G PERSON or
X		/	State o	ofThe foregoi	County o	of	
	ore of CURRENT Individual O	wner/Agent)			ng instrument was ac	knowledged befo	ore me this
My commission ex	oires off:	Date	D	of	Month		Year
				Si	gnature of NOTARY	PUBLIC	
	g description of the state of t						
	dual, Partnership, J.T. MUST SUBMIT A COMPL		-	TYPE FINGERPRINT	CARD AND \$22 PI	ROCESSING FE	E FOR EACH
<u>Individual</u>							
Last Fi	rst Mido	lle	%Owned	Mailing Address	C	ity State	Zip Code
	er than above, goin , current address, ar					cessary.	
Last Fi	rst Mido	le Maili	ng Address	City State	Zíp Code	Phone	#
Partnership Name of Partner	ship:						
General-Limited L	ast First	Middle	%Owne	Mailing Addre	ess C	ity State	Zip Code
J.T.W.R.O.S (Joint Name of J.T.W.R.C	Tenant with Rights of D.S:	Survivorship)					
Last	First	Middle	M	niling Address	Cit	ty State	Zip Code

SECTION 6 - continued

TRUST Name of Trust:						
Last	First	Middle	Mailing Address	City		Zip Code
TRIBE Name of Tribal Ow	nership:					
Last	First	Middle	Mailing Address	City	State	Zip Code
				Street		
EACH PERSON LISTED A CARD. Corpor L.L.C. 1. Name of Corpor 2. Date Incorporat 3. AZ Corporation of 4. Is Corp/L.L.C. No	ration/L.L.C: C. C. C. C. ed/Organized: © 3 / 1 4 or AZ L.L.C File No: 2 0 3 on Profit? Yes No ficers, Members in Corpo st Middle	IESTIONNAIRE, AN "APPLIFICATION 1, 2, 3, 4, 5, 6, at tions 1, 2, 3, 4, 5, 6	nd 7 nd 7 nd 7 nere Incorporated/C Date authorized to c	Organized: do Business in A Cīty	\$2.20 AZ:_03/	in Ac
6 List all Stockhold	ers / percentage owners	(Aftach additional sheet if no				
Last Fire	<u>-</u>	%Owned	Mailing Address	City	State 2	Zip Code
Jara en	oma Toras)A	100)	1226 E. Pa	E ZD.	1-65014	, Lz esta
		 (Attach additional sheet if n	ecessary)			

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

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

ment or Divorce	(Attach additional sheet) Decree of an exist First	ting Liquor License	City	State Zip Cod
ise) Last	Decree of an exis	ting Liquor License		
ise) Last	Decree of an exis	ting Liquor License		
ise) Last	Decree of an exis	ting Liquor License		
ise) Last	First			
ise) Last	First			
ise) Last	First			
ise) Last		Middle		
Last	Firet			
Last	Firet			
		Middle		
	Lice	nse Number:		
CERTIFIED COPY O	FTHE WILL PROBATE	DISTRIBUTION INSTRUM	MENT OR DIVORCE	E DECDEE
IE LIQUOR LICENS	FTO THE ASSIGNEE	DISTRIBUTION 11421KOV	MEINI, OR DIVORCE	e DECKEE
,			44-3-22 military and a state of the state of	MATERIAL CONTROL OF THE PROPERTY OF THE PROPER
cities, towns, or	counties only)			
WARRING TO A STATE OF THE STATE	, , , , , , , , , , , , , , , , , , , ,			
First	Last	Middle	Day time Co	ntact Phone #
MUST BE OBTAINE	D FOR EACH PREM	IISE FROM WHICH SPI	RITHOUS LIQUOR	IS SERVED
on Transfer: Seri	es 6 Bar, Series 7 I	Seer & Wine Series 9	Liquor Stores on	ıly)
Name:				
Address		\		
Address:		(Exactly as it appears on I	icense)	
			•	
Name:		(Exactly as it appears on l	-	
	ELIQUOR LICENSI Eities, towns, or of First MUST BE OBTAINE on Transfer: Serie	ERTIFIED COPY OF THE WILL, PROBATE IE LIQUOR LICENSE TO THE ASSIGNEE. Eities, towns, or counties only) First Last MUST BE OBTAINED FOR EACH PREM on Transfer: Series & Bar, Series 7.E	ERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUME LIQUOR LICENSE TO THE ASSIGNEE. Eities, towns, or counties only) First Last Middle MUST BE OBTAINED FOR EACH PREMISE FROM WHICH SPI on Transfer: Series 6 Bar, Series 7 Beer & Wine Series 9	ERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCI TE LIQUOR LICENSE TO THE ASSIGNEE. Eities, towns, or counties only) First Last Middle Day time Co MUST BE OBTAINED FOR EACH PREMISE FROM WHICH SPIRITHOUS LIQUOR On Transfer: Series & Bar, Series 7 Beer & Wine Series 9 Liquor Stores or

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:	First	Entity:	(Individual, Agent, Etc.)
2 Ownership Name:			
(Exactly as	t appears on license)		
3. Business Name:	t appears on license)		
	rappears on acerse,		,
4. Business Location Address:	City	State	Zîp
5. License Type:	_ License Number: _	/	
6. Current Mailing Address:			
Street	Cify	State	Zip
7. Have all creditors, lien holders, interest holders, etc. be	en notified? Yes	No	
8. Does the applicant intend to operate the business while	e this application is p	pending? 🗌 Yes [☐ No
If yes, complete Section 5 (Interim Permit) of this applicat	ion; attach fee, and	current license to th	nis application.
9. l, (Print Full Name)h	ereby authorize the o	department to proc	ess this Application to
transfer the privilege of the license to the applicant prov	rided that all terms o	and conditions of sc	ale are met. Based on
the fulfillment of these conditions, I certify that the applic			
the date of issue.			
			R, MEMBER, PARTNER
STOCKHOLDER or LICENSEE of the stated license. I have re	ad the above Section	on 12 and contirm t	hat all statements are
true, correct, and complete.			
<u>N</u>	OTARY		
			ļ
			ļ
X (Signature of CURRENT Individual Owner/Agent)	State ofThe fo	County of _ pregoing instrument was acknow	owledged before me this
7			
My commission expires on:	of		
My commission expires on:	Day	Month	Year
(
		Signature of NOTARY PU	JBUC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants.

A.R.S. § 4-207. (A) and (B) state that no retailer's lice application is received by the director, within (300) horizontal feet of a public or private schor within three hundred (300) horizontal feet of The above paragraph DOES NOT apply to:	n three hundred nool building witl	(300) horizontal feet of a o h kindergarten programs o	church, within three hundred r grades one (1) through (12)
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 (§ 4-20 f) Fenced playing area of a go g) Wholesaler Series 4 h) Farm Winery Series 13	•
Distance to nearest School: (If less than one (1) mile note footage)			
2. Distance to nearest Church:(If less than one (1) mile note footage)			
SECTION 14 Business Financials			
1. I am the: Lessee Sub-lessee	Owner	Purchaser	Management Company
2. If the premise is leased give lessors:	Name:	Mr Property	State Zip 85 fis
3. Monthly Rent/ Lease Rate: \$ 10,500,00	-		Stale Zip 85 + 18
4. What is the remaining length of the lease? Yi	(S	S Months _	<u> </u>
5. What is the penalty if the lease is not fulfilled?6. Total money borrowed for the Business not in	•	(Give details-attach additional	sheet if necessary) SDACE
Please List Lenders/People you owe money to			
Last First Middle	Amount Owed	Mailing Address C	tity State Tip
Vera Emma Youar)A	200,000	6550 P. CAMIND A	A21020 TO C304, AZ
7. What type of business will this license be used			
8. Has a license or a transfer license for the prei year? Yes No If yes, attach explanation.			
9. Does any spirituous liquor manufacture, whole			ousiness? Yes No
10. Is the premises currently license with a liquor li		No W	\vee
If yes, give license number and licensee's name: License #: Individual Owner Our count of the		(Exactly as it app	ears on license)
4/12/2016	page 6 of 9 ng ADA accommod	ations please call (602)542-9027	

SECTIO	N 15 Restaurant or hotel/motel license applicants					
1. Is th	ere an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No					
	ne answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is ng; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.					
	Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the tment of Liquor Licenses and Control.					
gross r the lic mainte	tated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its evenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on ensed premises. By applying for this Restaurant Hotel/Motel, I certify that I understand that I must ain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Motel Records Required for Audit form with this application.					
inspec the lic for this inspec	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 filling 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)					
anis y kananin hapinak Masim dapin						
•	N 16 Diagram of Premises					
•	N 16 Diagram of Premises ALL boxes that apply to your business:					
•						
•	ALL boxes that apply to your business:					
•	ALL boxes that apply to your business: Entrances/Exits					
Check	ALL boxes that apply to your business: Entrances/Exits					
Check	ALL boxes that apply to your business: Entrances/Exits Liquor storage areas Patio: Contiguous Walk-up windows Drive-through windows Non Contiguous Is your licensed premises currently closed due to construction, renovation or redesign? Yes No If yes, what is your estimated completion date?					
Check	ALL boxes that apply to your business: Entrances/Exits					
Check	ALL boxes that apply to your business: Entrances/Exits					

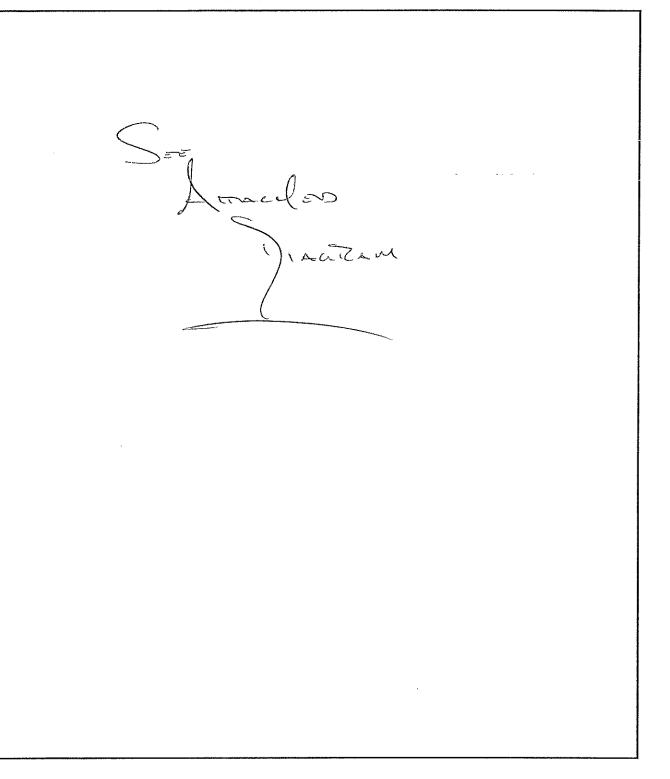
(Applicant's initials)

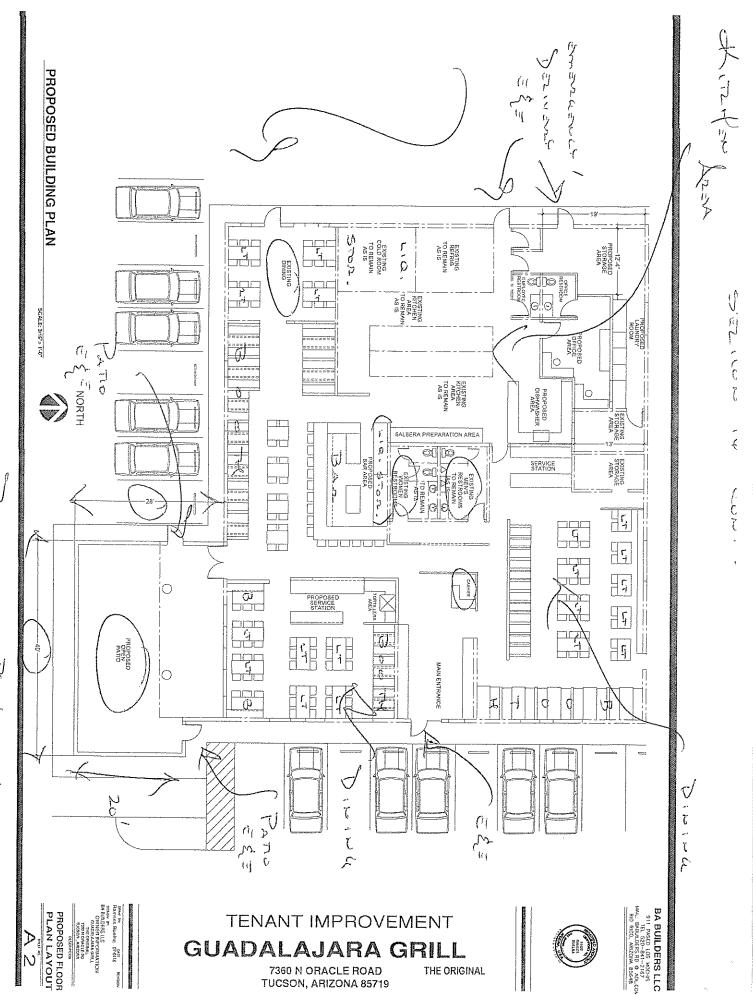
SECTION 16 Diagram of Premises – continued

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 \uparrow .

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





(A110 6 少ろっというと CHAM ODDOUS & LOZE LIVER CONTRA 4 YOURDOX

ses Buoing W-0116

7360 N ORACLE ROAD TUCSON, ARIZONA 85719 THE ORIGINAL



BA BUILDERS LLC
911 PASED LOS MOCHS
1EL S20-841-2187
MAIL BABULDERS RO PLOICON
RIO RICO, ARIZONA 85648

<u>N</u> C	OTARY	
I, (Print Full Name) stated in Section 4 # 1. I have read this application and verifity X (Signature of CURRENT Individual Owner/Agent)	hereby declare that I am the Owner/Agent filing this app ify all statements to be true, correct and complete. State of ANTIMA County of Pima The foregoing Instrument was acknowledged before	
My commission expires on: 5.19.20	30 of June 20	OI Vear
WHITNEY STROMBERG Notary Public - Arizona Pima County My Comm. Expires May 19, 2020	Stgnghut of NOTARY PUBLIC	

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

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.