

Pima County Clerk of the Board

Robin Brigode

Julie Castañeda
Deputy Clerk

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

December 12, 2016

Kevin Arnold Kramber
Family Food Store
536 E. Wagon Bluff Drive
Tucson, AZ 85704

RE: Arizona Liquor License No.: 09100156
d.b.a. Family Food Store

Dear Mr Kramber:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 9S, Liquor Store Sampling Privileges, which was received in our office on November 15, 2016. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, January 3, 2017, 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,

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

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: 11-16-16

Date of Posting Removal: 12-8-16

Applicant's Name: Family Food Store
Kramber Kevin Arnold
Last First Middle

Business Address: 2100 W. Ruthrauff Road Tucson 58705
Street City Zip

License #: 09100156

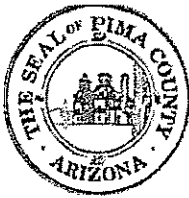
I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

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

[Signature] #7694 12-8-16
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.

IFC 091610253PC ALK AFRM



Pima County Clerk of the Board


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TO: Development Services, Zoning Division

FROM: Ricci Romero 
Administrative Support Specialist

DATE: November 15, 2016

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Kevin Arnold Kramber
d.b.a. Family Food Store
2100 W. Ruthrauff Road
Tucson, AZ 58705

Arizona Liquor License No. 09100156
Series 9, Liquor Store Sampling Privileges
New License X
Person Transfer
Location Transfer

ZONING REPORT

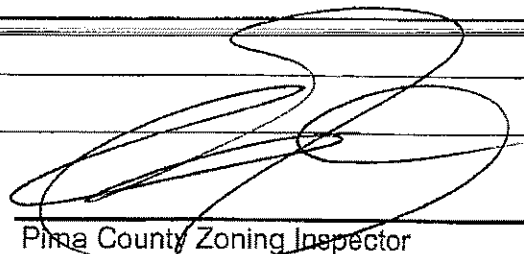
DATE: 11/28/16

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

NOV 28 16 PM 03:12 POC/KDF/BD

16-25-9268

16 NOV 10 11:47 Lic. PM1237



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

DLLC USE ONLY

Issuance fee: \$100.00	60/10/10
Issuance Date:	
<input checked="" type="checkbox"/> Liquor Store (series 9)	
<input type="checkbox"/> Beer and Wine Store (series 10)	
CSR:	

SAMPLING PRIVILEGES APPLICATION SERIES 9 OR 10

Applicant's Name: ☐ Owner ☒ Agent Kevin Anthony Ramirez License #: 09100156
Business Name: Family Food Store
Business Location: 2100 W. RUTHRAUFF RD. TULSON AZ Pima 85705
Mailing Address: 536 E. WAGON BLUFF DR. TULSON AZ Pima 85704
Business Phone Number: (520) 888-2064 Daytime Contact Number: (520) 235-5684
Email Address: KRAMB3R2FS@aol.com

Series #10 Beer and Wine Bar Only:

- I declare that my business qualifies as a
☐ Premises is 5,000 square feet or larger
☐ At least 75% of shelf space is dedicated to beer and wine

A.R.S. §4-206.01(J) Bar, Beer and Wine Bar or Liquor Store licenses; number permitted; fee; sampling privileges

I (Signature) Kevin Anthony Ramirez attest that I am the OWNER/AGENT filing this form, that I have read, and assume responsibility for compliance with, A.R.S. §4-206.01 A.R.S. §4-206.01 at the licensed establishment, and verify all statements I have made on this document to be true, correct and complete. I understand that I am responsible for the \$100 issuance fee and the annual \$75 renewal fee for these sampling privileges. Sampling privilege renewal fees are due at the same time as the renewal for the "current license #" identified on page 1 of this application.

LOCAL GOVERNING BOARD

I, _____ recommend ☐ APPROVAL ☐ DISAPPROVAL
(Government Official Signature) (Title)
on behalf of _____
(City, Town, County) Phone _____ Date _____

DLLC USE ONLY

Investigation Recommendation: ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____
Director Signature required for Disapprovals: _____ Date: ____/____/____

NOV 15 16 PM 01:54 PC 0107