

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 16, 2016

Teresa Cheung
Teaspoon
7053 N. Oracle Road
Tucson, AZ 85704

RE: Arizona Liquor License No.: 12104476
d.b.a. Teaspoon

Dear Ms. Cheung:

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 November 22, 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

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 cursive script that reads "Robin Brigode".

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: 11/23/16

Date of Posting Removal: 12/13/16

Applicant's Name: Teaspoon
Cheung Teresa
Last First Middle

Business Address: 7053 N. Oracle Road Tucson 85704
Street City Zip

License #: 12104476

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 351-6000
Print Name of City/County Official Title Phone Number

[Signature] 12/13/16
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.

12/13
TE-015-180409 PC CLK OF PH



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

TO: Development Services, Zoning Division
FROM: Ricci Romero *RR*
Administrative Support Specialist
DATE: November 22, 2016
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Teresa Cheung
d.b.a. Teaspoon
7053 N. Oracle Road
Tucson, AZ 85704

Arizona Liquor License No. 12104476
Series 12, Restaurant
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:

[Signature]
Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

NOV 28 16 PM 04:12 PC CLK OF PD
BR



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

16 OCT 17 Lic. Dept PM 1:58

16-26-9269

16 NOV 3 Lic. Dept PM 12:27

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 Series 12

LICENSE # 12104476

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Cheung, Teresa

Last

First

Middle

81043795

2. Owner Name: Saute LLC

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

81057712

81037782

3. Business Name: teaspoon

(Exactly as it appears on the exterior of premises)

85704

4. Business Location Address: 7053 N Oracle Road Tucson, AZ 85704 Pima County

(Do not use PO Box)

Street

85704

City

State

Zip Code

County

5. Mailing Address: 7053 N Oracle Road Tucson, AZ 85704

(All correspondence will be mailed to this address) Street

City

State

Zip Code

6. Business Phone: Pending

Daytime Contact Phone: 6462388166

7. Email Address: teaspoonTucson@gmail.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: Pima County

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

Fees:		Department Use Only		Total of All Fees
Application	100.00	Site Inspection	50.00	194.00
Interim Permit		Finger Prints	44.00	

Is Arizona Statement of Citizenship & Alien Status for State Benefits complete?

☒ Yes ☐ No

Accepted by: SG

Date: 11-18-16

License # 12104476

NOV 22 16 06 07 30 CLK OF 30

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, _____ (Print Full Name)		declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.	
X _____ (Signature of CURRENT Individual Owner/Agent)	State of _____	County of _____	The foregoing instrument was acknowledged before me this _____
My commission expires on: _____ Date	_____	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

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.: Saute LLC2. Date Incorporated/Organized: 2/25/2014 State where Incorporated/Organized: Arizona3. AZ Corporation or AZ L.L.C File No: L19076482 Date authorized to do Business in AZ: 3/13/20144. 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
Cheung, Teresa			Member	516 E Covered Wagon Dr. Tucson, AZ			85704
Grzegorski, Mary			Member	2255 W Night Air Lane Tucson, AZ			85741

(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
Cheung, Teresa			50%	516 E Covered Wagon Dr. Tucson, AZ			85704
Grzegorski, Mary			50%	2255 W Night Air Lane Tucson, AZ			85741

(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

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)

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 _____ State of _____ County of _____
(Signature of CURRENT Individual Owner/Agent) The foregoing instrument was acknowledged before me this

My commission expires on: _____ of _____, _____
Date Day Month Year

Signature of NOTARY PUBLIC

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 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: _____ Name of School: _____
(If less than one (1) mile note footage) Address: _____
2. Distance to nearest Church: _____ Name of Church: _____
(If less than one (1) mile note footage) 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: First Washington Realty Inc

Address: 4350 East-West Highway Suite 400 Bethesda, Maryland 20814
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 5811

4. What is the remaining length of the lease? Yrs. 10 Months _____

5. What is the penalty if the lease is not fulfilled? \$ _____ or Other: Default lease and move out
(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)?

Restaurant

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.


(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:

- ☒ 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? 01/01/2017

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

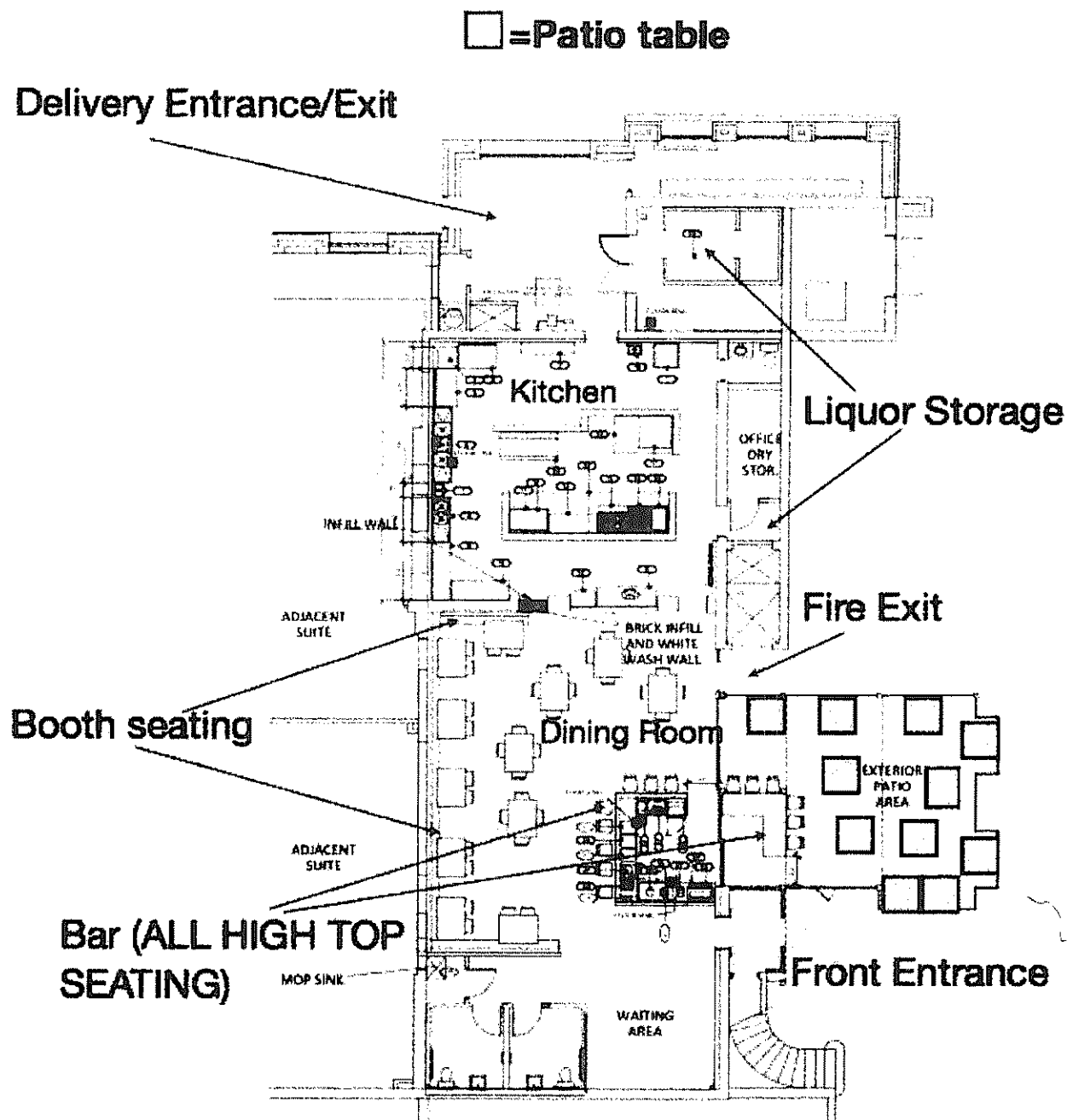
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking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

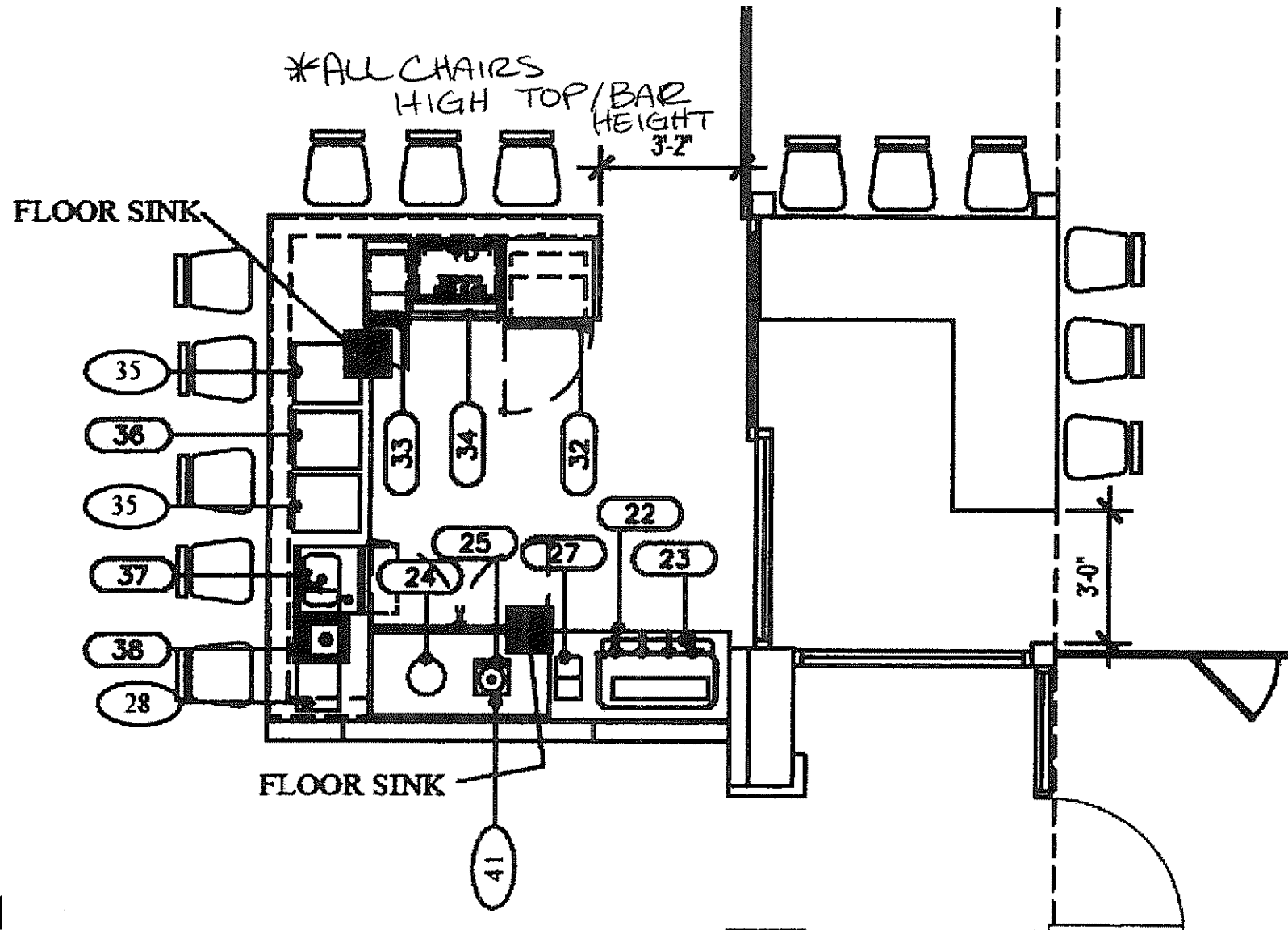
DIAGRAM OF PREMISES

(See Attachment.)
Diagram Attached

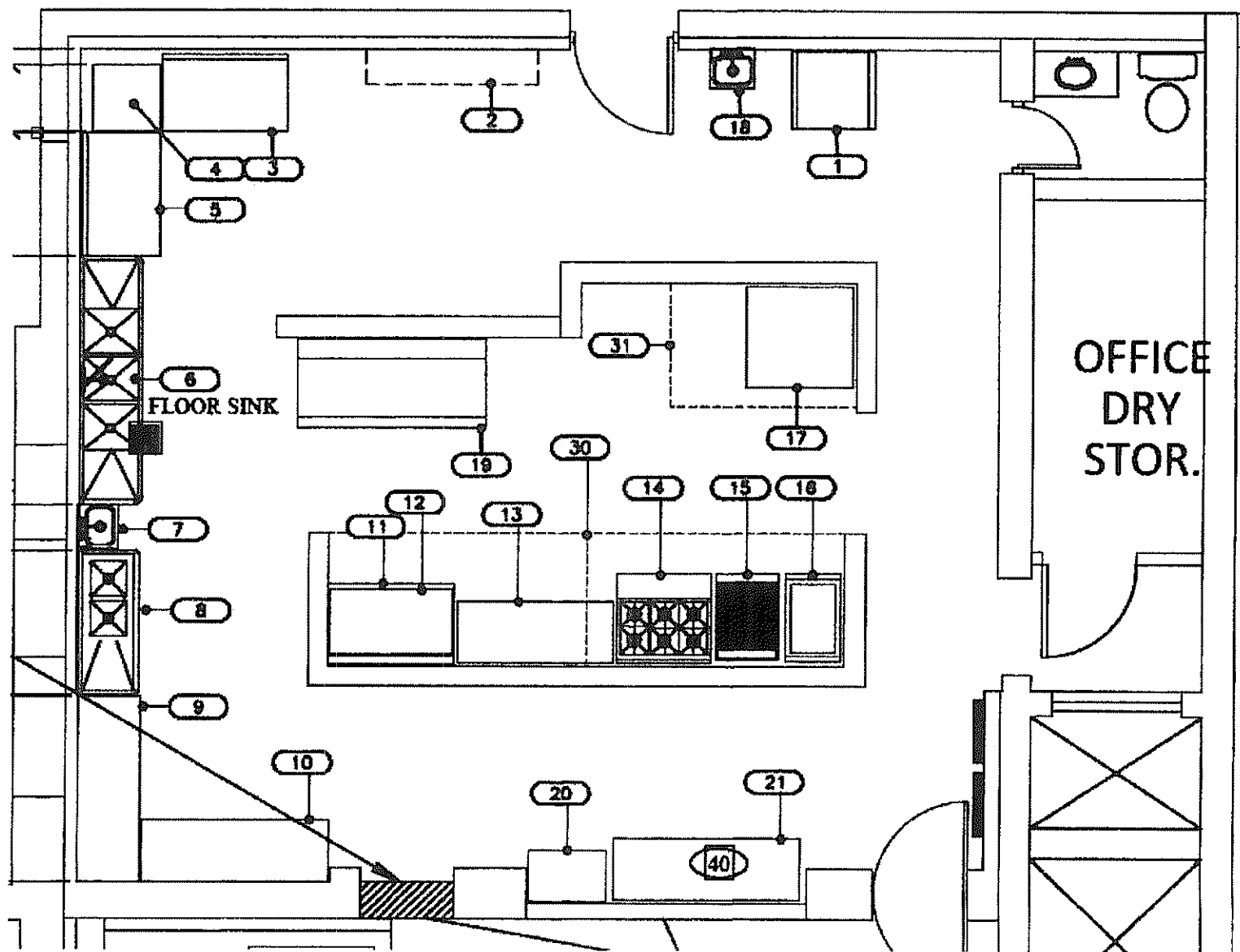
Diagram of Premises
Square Footage: 2,682



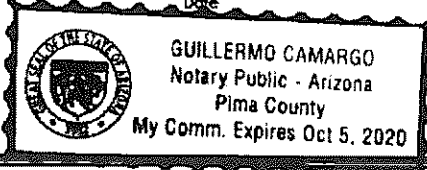
BAR



Kitchen



SECTION 17 SIGNATURE BLOCK

NOTARY	
I, (Print Full Name) <u>Teresa Cheung</u> , hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # T. I have read this application and verify all statements to be true, correct and complete.	
X <u>[Signature]</u> (Signature of CURRENT Individual Owner/Agent)	State of <u>ARIZONA</u> County of <u>PIMA</u> The foregoing instrument was acknowledged before me this
My commission expires on: <u>10/05/20</u> Date	<u>7TH</u> of <u>OCTOBER</u> , <u>2016</u> Day Month Year
	<u>[Signature]</u> 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.



16 NOV 3 11:47 PM 12:27

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

16 OCT 17 11:47 AM 1:59

RESTAURANT OPERATION PLAN

DLLC USE ONLY LICENSE #

121044710

1. Name of restaurant (Please print): teaspoon
2. List by Make, Model, and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:)

Grill	Turbo Air TATG-48 Countertop Griddle BTU 88,000, Charbroiler Turbo Air TAR-B24
Oven	Convection Oven Duke Manufacturing E102-G 40,000BTU/hr
Freezer	Americooler 8'x3'(Part of walk-in combo)
Refrigerator	Americooler 8'x8' Walk-in Combo, Sandwich prep Turbo Air M3 Series 23 cubic ft, Reach-In True Food TBB-39B
Sink	Hand sink 13.5"x9.25"x4.5", 11"x13"x4.5"
Dish Washing Facilities	CMA Dishwasher Energy Miser 17" clearance & undercounter glasswasher 30 racks, 3-compartment sink 18"x24"x14"
Food Preparation Counter (Dimensions)	(Two) 72"x24"x38"
Other	Range36 6 open burners Turbo Air TAR6 227,000BTU

3. Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
4. List the seating capacity for:
 - a. Restaurant dining area of your premises: 56
(Do not include patio seating)
 - b. Bar area of your premises: +14
 - c. Total dining and bar seating capacity of your premises: = 70
5. What Type of dinnerware and utensils are utilized within your restaurant?
☒ Reusable ☐ Disposable ☐ Both
6. Does your restaurant have a bar area that is distinct and separate from the dining area? ☐ YES ☒ No
(If yes, what percentage of the public floor space does this area cover?) _____ %
7. What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 80 %

8. Does your restaurant contain any games, televisions, or any other entertainment? ☐ YES ☒ No
(If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

9. Do you have live entertainment or dancing? ☐ YES ☒ No
(If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

10. Use space below to list how many employees for each position to fully staff your business.


Position	How many
Cooks	3
Bartenders	2
Hostesses	2
Managers	2
Servers	6
Other (dishwasher)	2
Other (food expo)	1
Other ()	

I, Teresa Cheung, hereby declare that I am the APPLICANT filing this application.
(Print full name)

I have read this application and the contents and all statements true, correct and complete.

X [Signature]
(Signature of APPLICANT)

NOTARY	
State of <u>ARIZONA</u> County of <u>PIMA</u>	
The foregoing instrument was acknowledged before me this <u>7th</u> day of <u>OCTOBER</u> <u>2018</u>	
My Commission Expires on: <u>10/05/20</u>	_____ Signature of Notary Public
Date	

 **GUILLERMO CAMARGO**
Notary Public - Arizona
Pima County
My Comm. Expires Oct 5, 2020

EQUIPMENT SCHEDULE

QUANTITY	KITCHEN EQUIPMENT	MANUFACTURER	MODEL NUMBER	COMMENTS
1	REPLACE ICE MACHINE	MORSEZAKI	E-404A	UL AND NSF APPROVED DRAIN TO EXISTING FLOOR SINK
2	DRYING RACK	BAY EQUIPMENT	72" X 18"	NSF APPROVED
3	5/5 DIRTY DISH TABLE	BAY EQUIPMENT	48" X 36 5/8"	NSF APPROVED
4	DISH WASHER	CMA	—	UL AND NSF APPROVED
5	5/5 CLEAN DISH TABLE	BAY EQUIPMENT	48" X 36 5/8"	NSF APPROVED
6	3 COMP SINK 60"	BAY EQUIPMENT	57" X 25 1/2" 2 DRAIN BSS 3- 16" X 30" BASINS	NSF APPROVED
7	REPLACE HAND SINK	ADVANCE TABCO	13 1/2" X 9 3/4" W/ SPLASH GUARDS	NSF APPROVED SOAP DISPENSER TOWEL DISPENSER
8	PREP SINK 36" X 24"	BAY EQUIPMENT	32 1/2" X 25W/ DR. BD	NSF APPROVED
9	5/5 PREP TABLE 72" X 34"	BAY EQUIPMENT	72" X 34"	NSF APPROVED
10	5/5 PREP TABLE 72" X 34"	BAY EQUIPMENT	72" X 34"	NSF APPROVED
11	48" REFRIGERATED DRAWERS	TURBO AIR	SUPER DELUXE	UL AND NSF APPROVED
12	48" GRIDDLE	TURBO AIR	RADIANCE GRIDDLE 60,000 BTU	UL AND NSF APPROVED
13	5/5 WORK TABLE 60" X 34"	BAY EQUIPMENT	60" X 34"	NSF APPROVED
14	36" 6 BURNER STOVE	TURBO AIR	RADIANCE RANGE 227,000 BTU	UL AND NSF APPROVED
15	24" RADIANT CHARBROILER	TURBO AIR	RADIANCE CHARBROILER 60,000 BTU	UL AND NSF APPROVED
16	21" FRYER	BAY EQUIPMENT	HEAVY DUTY FRYER 170,000 BTU	UL AND NSF APPROVED
17	CONVECTION OVEN DOUBLE	DURE MANUFACTURING	ITSM 15 AMPS 48,000 BTU	UL AND NSF APPROVED
18	REPLACE HAND SINK	ADVANCE TABCO	13 1/2" X 9 3/4" W/ SPLASH GUARDS	NSF APPROVED SOAP DISPENSER TOWEL DISPENSER
19	SANDWICH PREP	TURBO AIR	MISOA TOP	UL AND NSF APPROVED
20	30" ICE CHEST	BAY EQUIPMENT	30" X 18"	NSF APPROVED
21	5/5 PREP TABLE 72" X 34"	BAY EQUIPMENT	72" X 34"	NSF APPROVED
22	5/5 WORK TABLE 48" X 34"	BAY EQUIPMENT	72" X 34"	NSF APPROVED
23	ESPRESSO MACHINE	ASTORIA/GENERAL ESPRESSO	110V	UL AND NSF APPROVED
24	JUICER	GRINDMASTER/CECE WARE	115 V 9 AMPS	UL AND NSF APPROVED
25	BLENDER	BLINDTEC	115 V 5 A	UL AND NSF APPROVED
26	NOT USED	—	—	
27	DRINK MIXER	NEUFASTER	110V 988 A	UL AND NSF APPROVED
28	BAKERY DISPLAY	CUSTOM	CUSTOM	NSF APPROVED
29	WALK IN COOLER	AMERI-COOLER	—	UL AND NSF APPROVED
30	EXISTING TYPE I HOOD	CAPTIVAIRE	—	UL AND NSF APPROVED
31	EXISTING TYPE I HOOD	CAPTIVAIRE	—	UL AND NSF APPROVED
32	UNDER BAR SINGLE GLASS DOOR REFRIGERATOR	TRUE FOOD	E250	NSF APPROVED
33	UNDER BAR TRASH RECEPTICAL	—	—	NSF APPROVED
34	UNDER BAR ICE CHEST WITH SPEED RAIL	BAY EQUIPMENT	24" X 18"	NSF APPROVED
35	GLASS STORAGE	BAY EQUIPMENT	24" X 23"	NSF APPROVED
36	GLASS WASHER	CMA GLASS WASHER	24 X 24	NSF APPROVED
37	UNDER BAR DUMP SINK	BAY EQUIPMENT	—	NSF APPROVED
38	UNDER BAR HAND SINK	BAY EQUIPMENT	—	NSF APPROVED
39	WOP SKL	BAY EQUIPMENT	—	NSF APPROVED
40	COFFEE MAKER	BUSH O MATIC	120 AMP	NSF APPROVED



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

RECORDS REQUIRED FOR AUDIT
Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks
11. Tax Records
 - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
 - B. Income Tax Return - city, state and federal (copies)
 - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government
 - B. Employee Log (A.R.S. §4-119)
 - C. Employee time cards (actual document used to sign in and out each work day)
 - D. Payroll records for all employees showing hours worked each week and hourly wages

13. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

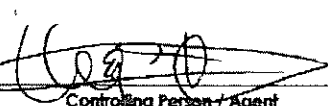


A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

- 1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

NOTARY	
<p>I, (Print Full Name) <u>Teresa Chung</u> have read and understand all aspects of this statement</p> <p>X (Signature) <u></u> Controlling Person / Agent</p> <p>My commission expires on: <u>Oct 5th, 2020</u></p>	<p>State of <u>ARIZONA</u> County of <u>PIMA</u></p> <p>the foregoing instrument was acknowledged before me this <u>7th</u> of <u>OCTOBER</u>, <u>2016</u> at <u>7th</u> of <u>OCTOBER</u>, <u>2016</u></p> <p>Month Year</p> <div style="text-align: center;"><p>GUILLERMO CAMARGO Notary Public - Arizona Pima County My Comm. Expires Oct 5, 2020</p></div> <p style="text-align: right;">Signature of NOTARY PUBLIC <u></u></p>

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE