

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 22, 2016

Kim Kenneth Kwiatkowski
Circle K Store No. 3494
Licensing DC-36, P.O. Box 52085
Phoenix, AZ 85072

RE: Arizona Liquor License No.: 10103809
d.b.a. Circle K Store No. 3494

Dear Mr. Kwiatkowski:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 10, Beer and Wine Store, 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 17, 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

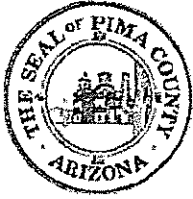
Date of Posting: 11/30/16 Date of Posting Removal: 12/20/16
Applicant's Name: Circle K Store No. 3494
Kwiatkowski Kim Kenneth
Last First Middle
Business Address: 15935 N. Oracle Road Tucson 85739
Street City Zip
License #: 10103809

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] 12/20/16
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.



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Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

TO: Development Services, Zoning Division

FROM: Ricci Romero 
Administrative Support Specialist

DATE: November 28, 2016

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Kim Kenneth Kwiatkowski
d.b.a. Circle K Store No. 3494
15935 N. Oracle Road
Tucson, AZ 85739

Arizona Liquor License No. 10103809
Series 10, Beer and Wine Store
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?

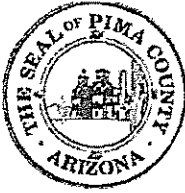
Yes ☒ No ☐

If No, please explain:


Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

NOV 28 15:00:15 2016 CLK OF REC



Pima County Clerk of the Board


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130 W. Congress, 5th Floor
Tucson, AZ 85701
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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Ricci Romero 
Administrative Support Specialist

DATE: November 28, 2016

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Kim Kenneth Kwiatkowski
d.b.a. Circle K Store No. 3494
15935 N. Oracle Road
Tucson, AZ 85739

Arizona Liquor License No. 10103809
 Series 10, Beer and Wine Store
 New License X
 Person Transfer
 Location Transfer

SHERIFF'S REPORT

DATE: 11/30/16

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

NOTHING NOTED

D. H. Hines # 1226
Investigative Support Unit Supervisor

When complete, please return to cob_mail@pima.gov

[illegible]



15 NOV 21 147. 04 PM 1130

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

16-279270

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: #10 Beer/Wine

LICENSE # 10103809

SECTION 4 Applicants

1. Individual Owner/Agent's Name:

Kwiatkowski
GUNNINGTON (KERR)

Rin
KATHLEEN

Kenneth
P1004605

2. Owner Name: CIRCLE K STORES INC.

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

3. Business Name: CIRCLE K STORE #3494

(Exactly as it appears on the exterior of premises)

4. Business Location Address: 15935 N Oracle Rd Tucson AZ 85739 Pima
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: LICENSING DC-36, PO BOX 52085, PHOENIX, AZ 85072-2085
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: Pending Daytime Contact Phone: (602) 728-4783

7. Email Address: azlicense@circlek.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: _____

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

Fees: 100.00
Application

Interim Permit

Department Use Only

Site Inspection

Finger Prints

\$ 100.00
Total of All Fees

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

☒ Yes

☐ No

Accepted by: SE

Date: 11/21/16

License # 10103809

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, _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on
(Print Full Name) the stated license and location.

X _____ State of _____ County of _____
(Signature of CURRENT Individual Owner/Agent) 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 7

1. Name of Corporation/ L.L.C.: CIRCLE K STORES INC.
2. Date Incorporated/Organized: 06/08/1951 State where Incorporated/Organized: TEXAS
3. AZ Corporation or AZ L.L.C File No: F-0006598-0 Date authorized to do Business in AZ: 04/08/1957
4. 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
Haxel	Geoffrey	Charles	Pres/Secr/Dir	1130 W Warner Rd, Tempe, AZ	85284		
Cunnington	Kathleen	K	Treas/VP/DIR	1130 W Warner Rd, Tempe, AZ	85284		
Rodriguez	Paul	(none)	VP	1130 W Warner Rd, Tempe, AZ	85284		
Kwiatkowski	Kim	Kenneth	Asst Secr	1130 W Warner Rd, Tempe, AZ	85284		

(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
CIRCLE K DELAWARE INC.			100%	1130 W Warner Rd, Tempe, AZ	85284		

(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.

Circle K Stores Inc.
Texas 6/8/51
Charter No. 0010697700
FIN# 74-1149540

OFFICE	Name	BUSINESS ADDRESS	PHONE
* President and Secretary	Geoffrey C. Hazel	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
* Treasurer and Assistant Secretary	Kathleen K Cunningham	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
* Sr Vice President	Darrell Davis	12911 Telecom Parkway, Tampa, FL 33637	(813) 910-8882
Sr Vice President	Dennis Tewell	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Vice President	Pia Bach Henniken	495 E Rincon, Suite 150, Corona, CA 92879	(951) 270-5129
Vice President	Paul Rodriguez	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Vice President	David Morgan	12911 Telecom Parkway, Tampa, FL 33637	(813) 910-8882
Vice President	Brian Bodnarz	25 W Cedar St, Suite 100, Pensacola, FL 32502	(951) 270-5136
Vice President	Timothy Alexander Miller	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Vice President	Dag Roger Rinde	2440 Whitehall Park Dr, #800, Charlotte, NC 28273	(704) 583-5716
Vice President	Matt McCurs	2440 Whitehall Park Dr, #800, Charlotte, NC 28273	(704) 583-5716
Vice President	Waymon (Burch) Seber	12911 Telecom Parkway, Tampa, FL 33637	(951) 270-5136
Vice President	Meredith Willard Rice, Jr.	305 Gregson Dr., Cary, NC 28273	(704) 583-5712
Vice President	Rodney Blanton	2440 Whitehall Park Dr, #800, Charlotte, NC 28273	(704) 583-5716
Assistant Secretary	Scott J. Stevenson	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Assistant Secretary	Kim Kwiatkowski	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Assistant Secretary	Sylvain Aubry	4204 Boul. Industriel, Laval (Quebec) Canada H7L 0E3	(450) 662-6632
Assistant Secretary	Marc Lee Flaherty	255 E Rincon, Suite 100, Corona, CA 92879	(951) 270-5136
Assistant Secretary	Sarah Lynn Longwell	255 E Rincon, Suite 100, Corona, CA 92879	(951) 270-5136
Assistant Secretary	Michael L. Foster	2440 Whitehall Park Dr, #800, Charlotte, NC 28273	(704) 583-5716
Assistant Secretary	Kyle Poyer	2440 Whitehall Park Dr, #800, Charlotte, NC 28273	(704) 583-5716
Assistant Secretary	Randy Horne	12911 Telecom Parkway, Tampa, FL 33637	(813) 910-8882
Assistant Secretary	Tim Peters	1199 S Bellline Rd, #160, Coppell, TX 75019	(602) 728-8000
Assistant Secretary	Peter Unlich	12911 Telecom Parkway, Tampa, FL 33637	(813) 910-8878
Assistant Secretary	Edward Gunta	12911 Telecom Parkway, Tampa, FL 33637	(813) 910-8878
Assistant Secretary	John Lilla	305 Gregson Dr, Cary, NC 28273	(704) 583-5712

* Director

Business Address: 1130 W. Warner Road, Bldg B, Tempe, AZ 85284 (602) 728-8000
Domicile Address: % CSC-Lawyers Incorporating Service Company, 701 Brazos Street, Suite 1050, Austin, TX 78701
12,000,000 Shares Authorized, 1,000 issued at \$1.00 Par. 100% owned by Circle K Delaware Inc. (FIN: 46-0520672)

Circle K Stores Inc. is qualified in:

AL, AZ, AR, CA, CO, FL, GA., ID, KS, LA, MS,
MO, NY, NM, NC, OK, OR, SC, TN, TX, UT, WA

Corporate Structure:

Circle K Delaware Inc. is 100% owned by The Circle K Corporation (Geoffrey Hazel - President/Director)
The Circle K Corporation is 100% owned by Coudche-Tard US Inc. (Geoffrey Hazel - President/Director)
Coudche-Tard US Inc. is 100% owned by Mac's Convenience Stores Inc. (Geoffrey Hazel - President/Director)
Mac's Convenience Stores Inc. is 100% owned by Coudche-Tard Inc. (Geoffrey Hazel - Sr. Vice President)
Coudche-Tard Inc. is 100% owned by Depan-Escompte Coudche-Tard Inc. (Geoffrey Hazel - Sr. Vice President)
Depan-Escompte Coudche-Tard Inc. is 100% owned by Alimentation Coudche-Tard Inc. (Geoffrey Hazel - Sr. Vice President)
Alimentation Coudche-Tard Inc. is a publicly traded company (Geoffrey Hazel - Sr. Vice President)

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 _____
(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 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: 7572' Name of School: Coronado K-8 School
 (If less than one (1) mile note footage) Address: 3401 E. Wilds Rd, Tucson, AZ 85739
2. Distance to nearest Church: 7139' Name of Church: Vista de la Montana United Methodist Church
 (If less than one (1) mile note footage) Address: 3001 E. Miravista Ln, Tucson, AZ 85739

SECTION 14 Business Financials1. I am the: ☐ Lessee ☐ Sub-lessee ☒ Owner ☐ Purchaser ☐ Management Company2. If the premise is leased give lessors: Name: NAAddress: _____
 Street City State Zip3. Monthly Rent/ Lease Rate: \$ NA4. What is the remaining length of the lease? Yrs. NA Months _____5. What is the penalty if the lease is not fulfilled? \$ NA or Other: _____
 (Give details attach additional sheet if necessary)6. Total money borrowed for the Business not including lease? \$ 3,500,000

Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Wells Fargo Bank	Acct-4123020786		3,500,000	333 S Grand Ave., 12th Floor, Los Angeles, CA			90071

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?

Retail Convenience Store8. 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 ☒ No10. Is the premises currently license with a liquor license? ☐ Yes ☒ No

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

License #: NA 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:

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

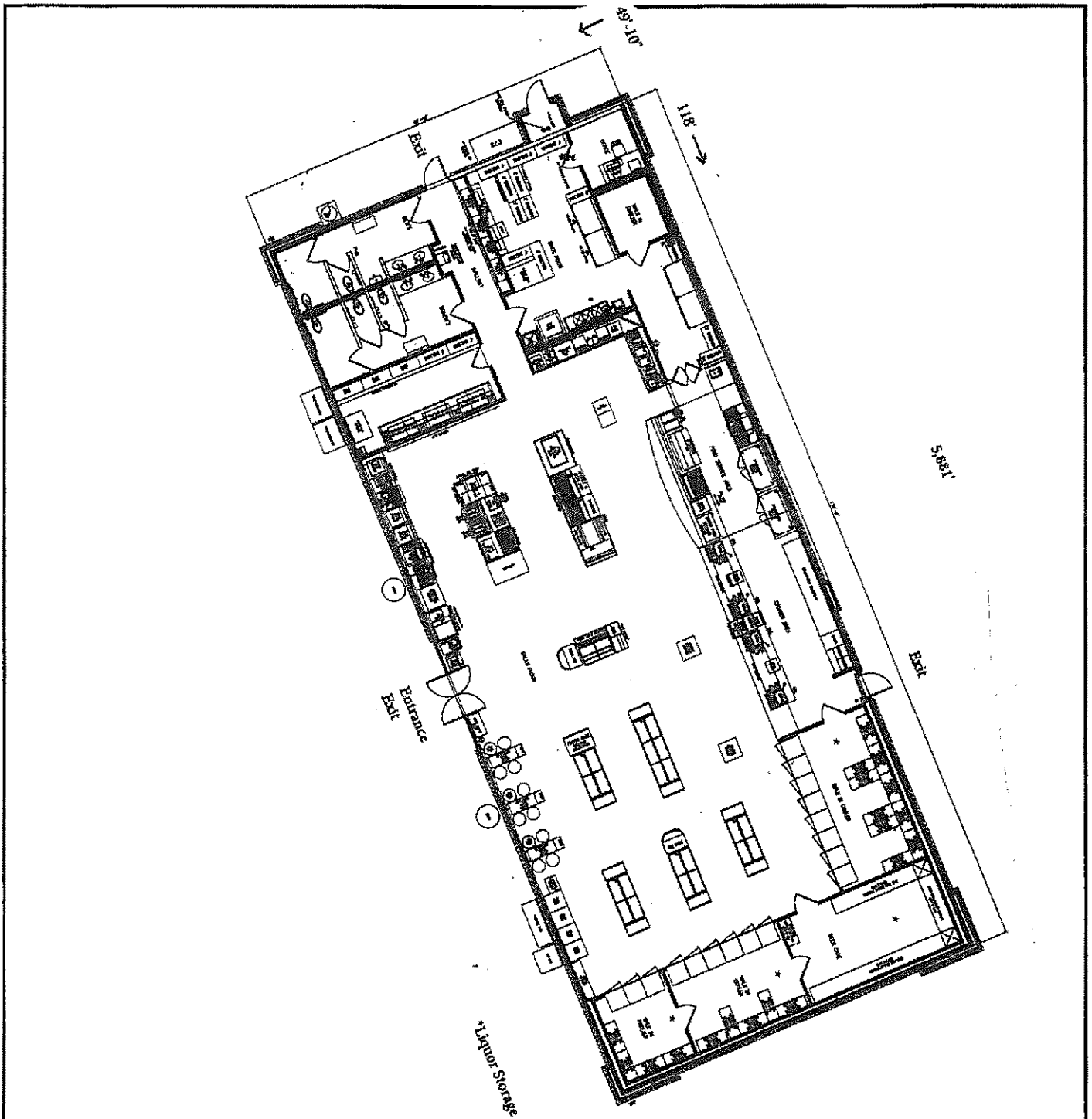
KKC
(Applicant's Initials)

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



SECTION 17 SIGNATURE BLOCK

NOTARY

I, (Print Full Name) Kathleen K Cunningham, 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 Kathleen K Cunningham
(Signature of CURRENT Individual Owner/Agent)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My commission expires on: 6/24/19
Date



21st of November, 2016
Day Month Year
Erika Beardslee
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.