

# Pima County Clerk of the Board

Robin Brigode

Julie Castañeda  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> 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 29, 2016

Aric Kaiser Mussman  
Sazerac  
4020 N. Via de Cuerns  
Tucson, AZ 85718

RE: Arizona Liquor License No.: 12104478  
d.b.a. Sazerac

Dear Mr. Mussman:

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 29, 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

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 black ink, appearing to read "Robin Brigode", is written over a horizontal line.

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

DEC 28 16 AM 11:26 PC CLK OF PD  
AKS

**AFFIDAVIT OF POSTING**

Date of Posting: 12-1-16

Date of Posting Removal: 12-27-16

Applicant's Name: Sazerac Mussman Aric Kaiser  
Last First Middle

Business Address: 4340 N. Campbell Avenue, No. 164 Tucson 85718  
Street City Zip

License #: 12104478

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 #7698 Process Server 520-306-8603  
Print Name of City/County Official Title Phone Number

[Signature] #7698 12-27-16  
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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TO: Development Services, Zoning Division

FROM: Ricci Romero *RR*  
Administrative Support Specialist

DATE: November 29, 2016

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Aric Kaiser Mussman  
d.b.a. Sazerac  
4340 N. Campbell Avenue, No. 164  
Tucson, AZ 85718

Arizona Liquor License No. 12104478  
Series 12, Restaurant  
New License X  
Person Transfer       
Location Transfer     

ZONING REPORT

DATE: 12/22/16

Will current zoning regulations permit the issuance of the license at this location?

Yes ☒ No ☐

If No, please explain:

*[Handwritten signature]*

Pima County Zoning Inspector

When complete, please return to [cob\\_mail@pima.gov](mailto:cob_mail@pima.gov)

DFC2216M0037PCCLKCFBD *RR*



\*16 NOV 23 Lic. Lic. AM 7 53

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

16-28-9271

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: Series 12

LICENSE # 12104478

**SECTION 4** Applicants

1. Individual Owner/Agent's Name: Mussman Aric Kaiser  
Last First Middle  
2. Owner Name: Black Hoof LLC  
(Ownership name for type of ownership checked on section 2)  
3. Business Name: Sazerac B1048562  
(Exactly as it appears on the exterior of premises)  
4. Business Location Address: 4340 N. Campbell Ave #164 Tucson AZ 85719 Pima  
(Do not use PO Box) Street City State Zip Code County  
5. Mailing Address: 4020 N. Via de Cuerns Tucson AZ 85718  
(All correspondence will be mailed to this address) Street City State Zip Code  
6. Business Phone: 520-529-6666 Daytime Contact Phone: 520-444-6557  
7. Email Address: aric.mussman@gmail.com

8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☒ No <sup>JM</sup>  
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: <u>\$160.00</u>	<u>\$100.00</u>	Department Use Only <u>\$55.00</u>	<u>\$88.00</u>	<u>\$338.00</u>
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Accepted by: <u>C.A.</u>		Date: <u>11/23/16</u>	License # <u>12104478</u>	

NOV 23 16 PM 12:21 POC/KDF/ED

**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: 12104346

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

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 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

- Name of Corporation/ L.L.C.: black hoof LLC
- Date Incorporated/Organized: 6/13/16 State where Incorporated/Organized: Arizona
- AZ Corporation or AZ L.L.C File No: L-20997980 Date authorized to do Business in AZ: 6/15/16
- Is Corp/L.L.C. Non Profit? ☐ Yes ☒ No
- List Directors, Officers, Members in Corporation/L.L.C: 4020 N. Via De Cuerns Tucson AZ 85718

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
NAC Holding Company			member	4020 N. Via De Cuerns Tucson AZ			85718
Kaiser Suzanne Ruth			manager	4020 N. Via De Cuerns Tucson AZ			85718
Mussman Joshua Kaiser			manager	4020 N. Via De Cuerns Tucson AZ			85718
Mussman Aric Kaiser			manager	1280 N. SPUR ROCK PLACE Tucson AZ			85719

(Attach additional sheet if necessary)

- List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
NAC Holding Company			100	4020 N. Via De Cuerns Tucson AZ			85718

(Attach additional sheet if necessary)

- 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.

16 NOV 23 14. Lic. #18135

NAC HOLDING COMPANY, LLC B1057736

Members

Aric Mussman 38%

Joshua Mussman 38%

The Kaiser Wagman Revocable Trust 24% B1044795

Managers

Aric Mussman

Joshua Mussman

Suzanne Kaiser

Richard Wagman > Trustees 12%

Black Hoof LLC. dba Sazerac

Owned 100% by NAC Holding Co. LLC (member)

Managed by

Aric Mussman

Joshua Mussman

Suzanne Kaiser

**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.

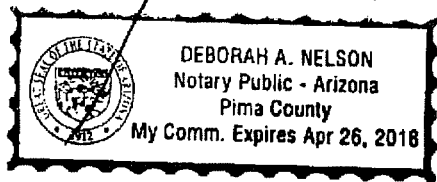
**NOTARY**

X \_\_\_\_\_  
(Signature of CURRENT Individual Owner/Agent)

State of ARIZONA County of PIMA  
The foregoing instrument was acknowledged before me this

My commission expires on: 04/26/2018  
Date

22 of NOVEMBER, 2016  
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: 2640 ft.  
(If less than one (1) mile note footage)

Name of School: Rio Vista Elementary School

Address: 1351 E. Limberlost Dr.

2. Distance to nearest Church: 1056 ft.  
(If less than one (1) mile note footage)

Name of Church: St. Phillips

Address: 4440 N. Campbell Ave.

**SECTION 14 Business Financials**

1. I am the: ☒ Lessee ☐ Sub-lessee ☐ Owner ☐ Purchaser ☐ Management Company

2. If the premise is leased give lessors:

Name: SPP Investments LLC

Address: 4240 N. Campbell #212 Tucson AZ 85718  
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 5000.00

4. What is the remaining length of the lease? Yrs. 7 Months 0

5. What is the penalty if the lease is not fulfilled? \$ 200,000.00 or Other: \_\_\_\_\_  
(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)?  
A creole restaurant with table service, a bar and a patio.

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 #: 12104346 Individual Owner /Agent Name: Sara A Fitzsimmons  
(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 checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: <input checked="" 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? \_\_\_\_\_

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.

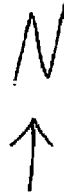
**DIAGRAM OF PREMISES**

Diagram  
Attached

Walk in  
where kegs  
are stored

Kitchen

16 NOV 23 Lic. Lic. AM 8 55



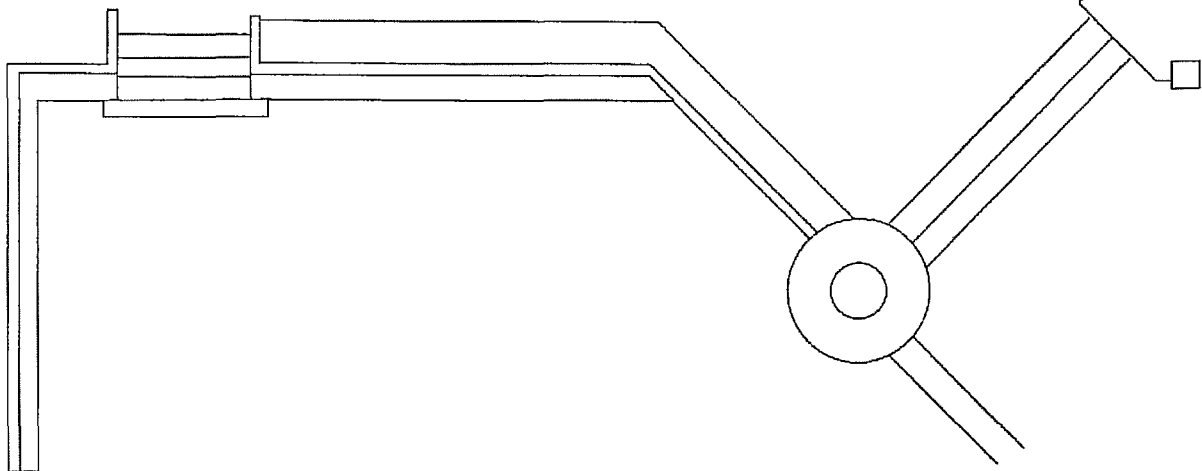
alcohol  
storage  
in bar

bar

Inside

Patio

Total sqft  
3,155



**SECTION 17 SIGNATURE BLOCK**

**NOTARY**

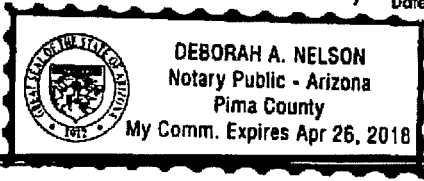
I, (Print Full Name) Aric Kaiser Mussman, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X [Signature]  
(Signature of CURRENT Individual Owner/Agent)

State of ARIZONA County of PIMA  
The foregoing instrument was acknowledged before me this

My commission expires on: 04/26/2018  
Date

22 of NOVEMBER, 2016  
Day Month Year



[Signature]  
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.



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

\*16 NOV 23 LIQ. LIC. AM 8:55

### RESTAURANT OPERATION PLAN

DLIC USE ONLY LICENSE # 17104478

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

Grill	24" American Range Grill
Oven	2 48" Vulcan Ovens One 6 burner One flat
Freezer	2 Door reach in True freezer
Refrigerator	Kold Walk in cooler
Sink	3 compartment, hand sinks, prep and Dish
Dish Washing Facilities	One under counter bar, one full rack kitchen
Food Preparation Counter (Dimensions)	2 eight tables, one six foot
Other	

- Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
- List the seating capacity for: 95
  - Restaurant dining area of your premises: (Do not include patio seating) 81
  - Bar area of your premises: + 14
  - Total dining and bar seating capacity of your premises: = 95
- What Type of dinnerware and utensils are utilized within your restaurant?  
☐ Reusable ☐ Disposable ☒ Both
- 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?) 20 %
- What percentage of your public premises is used primarily for restaurant dining?  
(Do not include kitchen, bar, hi-top tables, or game area.) 40 %

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.))

3 televisions

One projector + screen

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.))

Live band 4 x a month

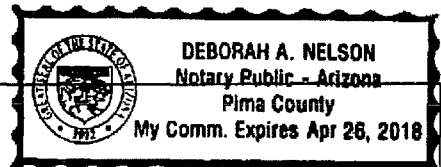
10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	8
Bartenders	4
Hostesses	3
Managers	3
Servers	9
Other ( Dish )	3
Other ( )	
Other ( )	

I, Joshua Mussman, 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 JD Mussman  
(Signature of APPLICANT)



**NOTARY**

State of ARIZONA County of PIMA

The foregoing instrument was acknowledged before me this 22 day of NOVEMBER 2016  
Day Month Year

My Commission Expires on: 04/26/2018  
Date

[Signature]  
Signature of Notary Public





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

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**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).**

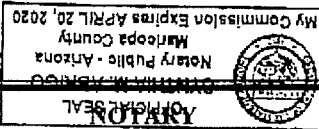
**A.R.S. §4-210(A)7**

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.



I, (Print Full Name) Joshua Mussman, have read and understand all aspects of this statement

X (Signature) [Signature]  
Controlling Person / Agent

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

22nd of November 2016  
Day Month Year

My commission expires on: 4/20/20

[Signature]  
Signature of NOTARY PUBLIC

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