

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 30, 2016

Amy S. Nations
Fox & Hound No. 65057
12730 High Bluff Drive, Suite 250
San Diego, CA 92130

RE: Arizona Liquor License No.: 06100068
d.b.a. Fox & Hound No. 65057

Dear Ms. Nations:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 6, Bar, which was received in our office on December 1, 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: 12/5/16

Date of Posting Removal: 12/28/16

Applicant's Name: Fox & Hound No. 65057
Nations Amy S.
Last First Middle

Business Address: 7625 N. La Cholla Boulevard Tucson 85741
Street City Zip

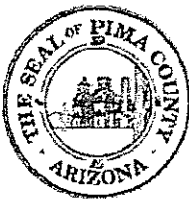
License #: 06100068

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 # G175 PCSD 351-6000
Print Name of City/County Official Title Phone Number

[Signature] 12/29/16
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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Phone: (520) 351-8454 • Fax: (520) 791-6666

TO: Development Services, Zoning Division
FROM: Ricci Romero 
Administrative Support Specialist
DATE: December 2, 2016
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Amy S. Nations
d.b.a. Fox & Hound No. 65057
7625 N. La Cholla Boulevard
Tucson, AZ 85741

Arizona Liquor License No. 06100068
Series 6, Bar
New License
Person Transfer X
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:


Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

DEC 22 16 PM 03:37 POC CLK OF PD



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

TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Ricci Romero *RR*
Administrative Support Specialist

DATE: December 2, 2016

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Amy S. Nations
d.b.a. Fox & Hound No. 65057
7625 N. La Cholla Boulevard
Tucson, AZ 85741

Arizona Liquor License No. 06100068

Series 6, Bar

New License

Person Transfer X

Location Transfer

SHERIFF'S REPORT

DATE: 12/12/16

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

- NOTHING NOTED

[Signature] #1226
Investigative Support Unit Supervisor

When complete, please return to cob_mail@pima.gov

REC'D JAN 12 2017
PIMA COUNTY CLERK OF BOARD

16 NOV 29 11:17 AM 10/09

16-29-9272



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

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 This application is for a:

- ☒ Interim Permit (Complete Section 5)
☐ New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
☒ Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
☐ Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
☐ Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
☐ Government (Complete Sections 2, 3, 4, 10, 13, 16)
☐ Seasonal

SECTION 2 Type of Ownership:

- ☐ J.T.W.R.O.S. (Complete Section 6)
☐ Individual (Complete Section 6)
☐ Partnership (Complete Section 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 6 LICENSE # 06100068 06100068

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Nations Amy S. P1041597
Last First Middle
2. Owner Name: FUN EATS AND DRINKS, LLC B1057771
(Ownership name for type of ownership checked on section 2)
3. Business Name: Fox & Hound #65057
(Exactly as it appears on the exterior of premises)
4. Business Location Address: 7625 N. LaCholla Blvd., Tucson, AZ 85741 (Pima County) B1027351
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: 12730 High Bluff Drive, Suite 250, San Diego, CA 92130
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: 520.575.1980 Daytime Contact Phone: 480.730.2675
7. Email Address: luke@kellyinvestmentgroup.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) \$ See Sale order

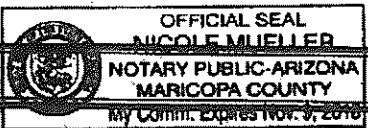
Fees:	\$100.00	\$100.00	Department Use Only	\$22.00	\$222.00
	Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Accepted by: <u>[Signature]</u>		Date: <u>11/29/16</u>		License # <u>06100068</u>	

REC'D - 16 NOV 29 11:17 AM 10/09

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: 0610000682. 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, <u>Randy D. Nations</u> (Print Full Name)		declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.	
X	<u><i>Randy D. Nations</i></u> (Signature of CURRENT Individual Owner/Agent)	State of <u>Arizona</u>	County of <u>Maricopa</u>
My commission expires on: <u>11/9/18</u> Date		The foregoing instrument was acknowledged before me this <u>27th</u> of <u>October</u> , <u>2016</u> Day Month Year	
		<u><i>Nicole Mueller</i></u> 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
N/A							

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☒ LLC. Complete Questions 1, 2, 3, 4, 5, 6, and 71. Name of Corporation/ LLC: FUN EATS AND DRINKS, LLC2. Date Incorporated/Organized: 08/19/2016 State where Incorporated/Organized: WY3. AZ Corporation or AZ LLC File No: R-2125704-9 Date authorized to do Business in AZ: 09/26/20164. Is Corp/LLC Non Profit? ☐ Yes ☒ No

5. List Directors, Officers, Members in Corporation/LLC:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Kelly Investment Group, LLC			Sole Member	12730 High Bluff Drive Suite 250	San Diego, CA.		92130
Kelly, Michael Richard			Manager	12730 High Bluff Drive, Suite 250	San Diego, CA.		92130

(Attach additional sheet if necessary)

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

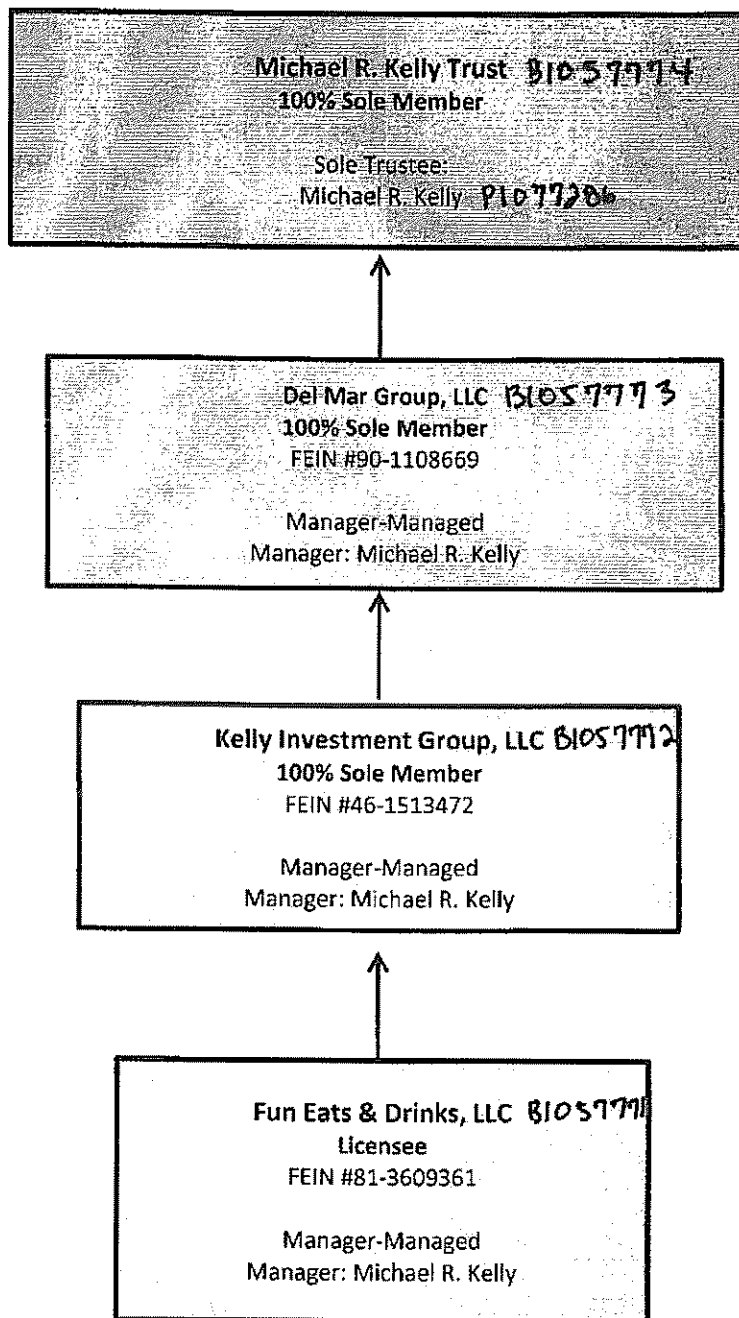
Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Kelly Investment Group, LLC			100%	12730 High Bluff Drive, Suite 250	San Diego, CA.		92130
Please see attached flow chart.							

(Attach additional sheet if necessary)

7. If the corporation/ LLC 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.

FUN EATS AND DRINKS, LLC

ORGANIZATIONAL FLOW CHART



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

- | Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Individuals requiring ADA accommodations please call (602) 542-9027

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: Please See Attached Bankruptcy Court Order Entity: _____
Last First Middle (Individual, Agent, Etc.)

2. Ownership Name: Last Call Operating Co I Inc.
(Exactly as it appears on license)

3. Business Name: Fox & Hound Smokehouse & Tavern
(Exactly as it appears on license)

4. Business Location Address: 7625 N. La Cholla Blvd. Tucson AZ. 85741
Street City State Zip

5. License Type: Series 6 License Number: 06100068

6. Current Mailing Address: 3800 N. central Ave Suite 460 Phoenix AZ. 85012
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		SEE ATTACH Doc. Bill of Sale Bankruptcy	
X _____ (Signature of CURRENT individual Owner/Agent)	State of _____	County of _____	The foregoing instrument was acknowledged before me this _____
My commission expires on: _____ Date	_____ of _____ 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: 456 ft
(If less than one (1) mile note footage)

Name of School: Community Extension Programs, Inc.

Address: 7632 N. LaCholla Blvd., Tucson, AZ 85741

2. Distance to nearest Church: 10,560 ft (or 2 miles)
(If less than one (1) mile note footage)

Name of Church: Ina Road Church of Christ

Address: 2425 W. Ina Rd., Tucson, AZ 85741

SECTION 14 Business Financials

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

2. If the premise is leased give lessors:

Name: Jirar Orfali

Address: 1972 Deermont Road, Glendale, CA 91207

Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 15,500.00

4. What is the remaining length of the lease? Yrs. 6 Months 1

5. What is the penalty if the lease is not fulfilled? \$ N/A or Other: _____
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 0.00

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 and Bar

8. Has a license or a transfer license for the premises on this application been denied by the state within 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 #: 06100068

Individual Owner /Agent Name: Randy D. Nations

(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

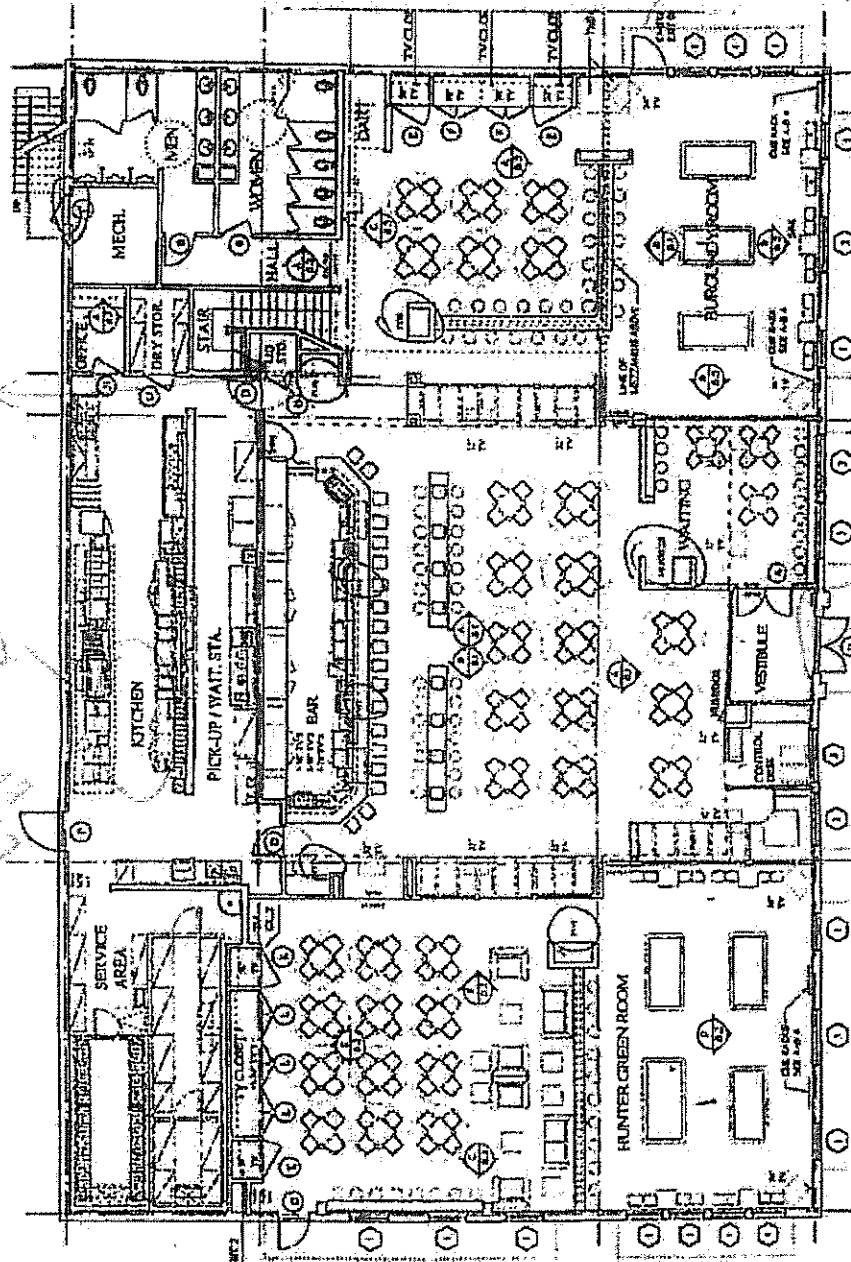
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking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

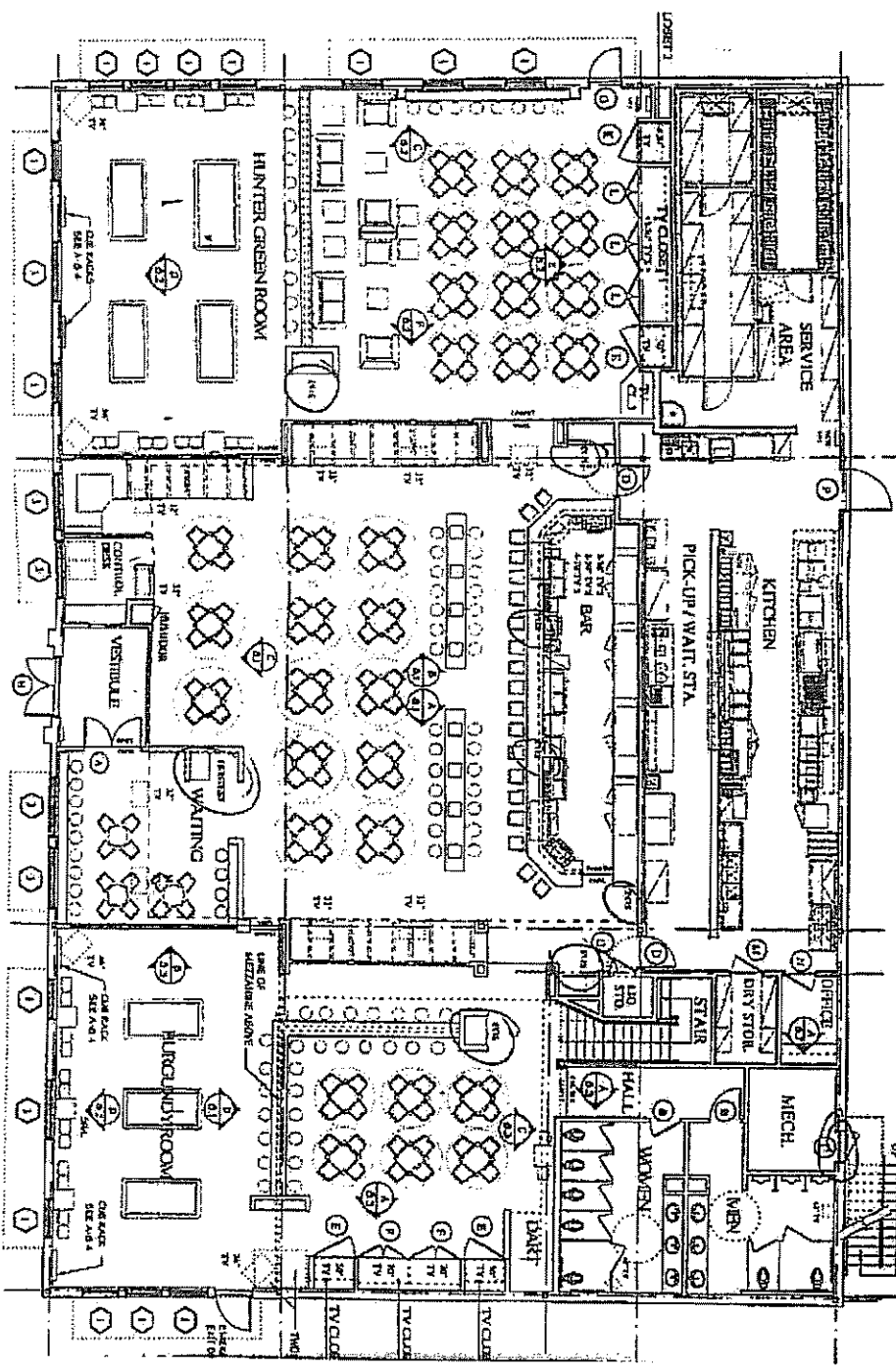
DIAGRAM OF PREMISES

See Attached


18 NOV 29 119, Lic. #1010



AMENDMENT



SECTION 17 SIGNATURE BLOCK

NOTARY	
I, (Print Full Name) <u>Amy S. Nations</u> , 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 <u><i>Amy S. Nations</i></u> (Signature of CURRENT Individual Owner/Agent)	State of <u>Arizona</u> County of <u>Maricopa</u> The foregoing instrument was acknowledged before me this
My commission expires on: <u>11/9/18</u> Date	<u>27th</u> of <u>October</u> , <u>2016</u> Day Month Year
	<u><i>Nicole Mueller</i></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.