

Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez
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

April 14, 2017

Michael Clayburn Petty
Omni Tucson National Golf Resort and Spa
4001 Maple Avenue, Suite 500
Dallas, TX 75219

RE: Arizona Liquor License No.: 06100165
d.b.a. Omni Tucson National Golf Resort and Spa

Dear Mr. Petty:

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 March 20, 2017. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, May 2, 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 black ink, appearing to read "Castañeda", is written over a horizontal line.

Julie Castañeda
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: 3/23/17

Date of Posting Removal: 4/12/17

**Omni Tucson National Golf
Resort and Spa**

Applicant's Name: Petty Michael Clayburn
Last First Middle

Business Address: 2727 W. Club Drive Tucson 85742
Street City Zip

License #: 06100165

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 #6125 PCSD 351-6000
Print Name of City/County Official Title Phone Number

[Signature] 4/12/17
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.

AFR 12-17-0031 PC CLK OF RD



Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez
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
Administrative Support Specialist Senior

DATE: March 22, 2017

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Michael Clayburn Petty
d.b.a. Omni Tucson National Golf Resort and Spa
2727 W. Club Drive
Tucson, AZ 85742

Arizona Liquor License No. 06100165

Series 6, Bar

New License

Person Transfer ☒

Location Transfer ☐

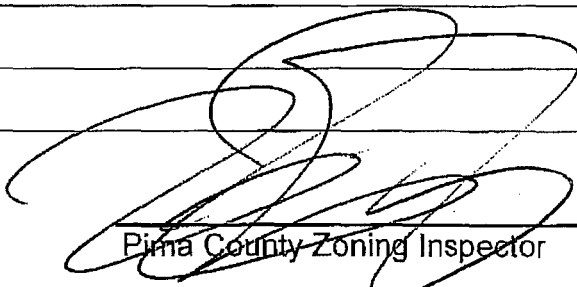
ZONING REPORT

DATE: 3/22/17

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

MAR 27 17 02:05 PC CLK OF PD

AB



17-04-9280

17 MAR 20 147. Lic. AM1108

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 Bar LICENSE # 06100165

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Petty, Michael Clayburn P1077701
Last First Middle
2. Owner Name: Omni Hotels Management Corporation P1051507
(Ownership name for type of ownership checked on section 2)
3. Business Name: Omni Tucson National Golf Resort & Spa
(Exactly as it appears on the exterior of premises)
4. Business Location Address: 2727 W Club Drive, Tucson, AZ 85742 P1003296
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: 4001 Maple Avenue, Suite 500, Dallas, TX 75219
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: 520-297-2271 Daytime Contact Phone: 520-297-2271 520-255-3792
7. Email Address: mpetty@omnihotels.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: <u>\$100.00</u>	Fees: <u>\$100.00</u>	Department Use Only	Fees: <u>\$154.00</u>
<small>Application</small>	<small>Interim Permit</small>	<small>Site Inspection</small>	<small>Finger Prints</small>
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Total of All Fees <u>\$354.00</u>
Accepted by: <u>(Signature)</u>		Date: <u>3/16/17</u>	License # <u>06100165</u>

AMENDMENT

MAR 20 17 PM 03:15 PC CLK OF RD



17 MAR 7 Lic. Dept PM 1 05 17 FEB 8 Lic. Dept PM 3 17

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 Bar

LICENSE # 06100165

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Petty, Michael Clayburn

Last

First

Middle

P1077901

2. Owner Name: Omni Hotels Management Corporation

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

P1051507

3. Business Name: Omni Tucson National Golf Resort & Spa

(Exactly as it appears on the exterior of premises)

4. Business Location Address: 2727 W Club Drive, Tucson, AZ 85742 Pima

P1003296

(Do not use PO Box)

Street

City

State

Zip Code

County

5. Mailing Address: 4001 Maple Avenue, Suite 500, Dallas, TX 75219

(All correspondence will be mailed to this address)

City

State

Zip Code

6. Business Phone: 520-297-2271

Daytime Contact Phone: 520-297-2271 520-255-3792

7. Email Address: mpetty@omnihotels.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:	<u>\$100.00</u>	<u>\$100.00</u>	Department Use Only	<u>\$154.00</u>	<u>\$354.00</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>(Signature)</u>		Date: <u>3/16/17</u>		License # <u>06100165</u>	

17 MAR 15 Lic. Lic. PM1202

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: 06100165

2. Is the license currently in use? ☒ Yes ☐ No If no, how long has it been out of use? N/A

Attach a copy of the license currently issued at this location to this application.

I, <u>Michael J. Deitemeyer</u>		declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.	
(Print Full Name)			
X <u>[Signature]</u>		State of <u>TEXAS</u>	County of <u>DALLAS</u>
(Signature of CURRENT Individual Owner/Agent)		The foregoing instrument was acknowledged before me this	
My commission expires on: <u>10/27/2019</u>		<u>17</u>	of <u>JANUARY</u> , <u>2017</u>
Date		Day	Month Year
Expires: 10/27/2019 Commission Expires 10/27/2019 Barbara Lacy		<u>[Signature]</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: N/A

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: N/A

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued**TRUST**Name of Trust: N/A

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBEName of Tribal Ownership: N/A

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: Omni Hotels Management Corporation2. Date Incorporated/Organized: 11-04-1975 State where Incorporated/Organized: Delaware

3. AZ Corporation or AZ LLC File No: _____ Date authorized to do Business in AZ: _____

4. 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
Deitemeyer, Michael J.			President	4001 Maple Ave., #500, Dallas, TX			75219
Caldwell, James D.			Dir/CEO/Sec/Treas	4001 Maple Ave., #500, Dallas, TX			75219
Smith, Michael G.			VP/Secretary	4001 Maple Ave., #500, Dallas, TX			75219
Adams, David G.			Director	4001 Maple Ave., #500, Dallas, TX			75219

(Attach additional sheet if necessary)

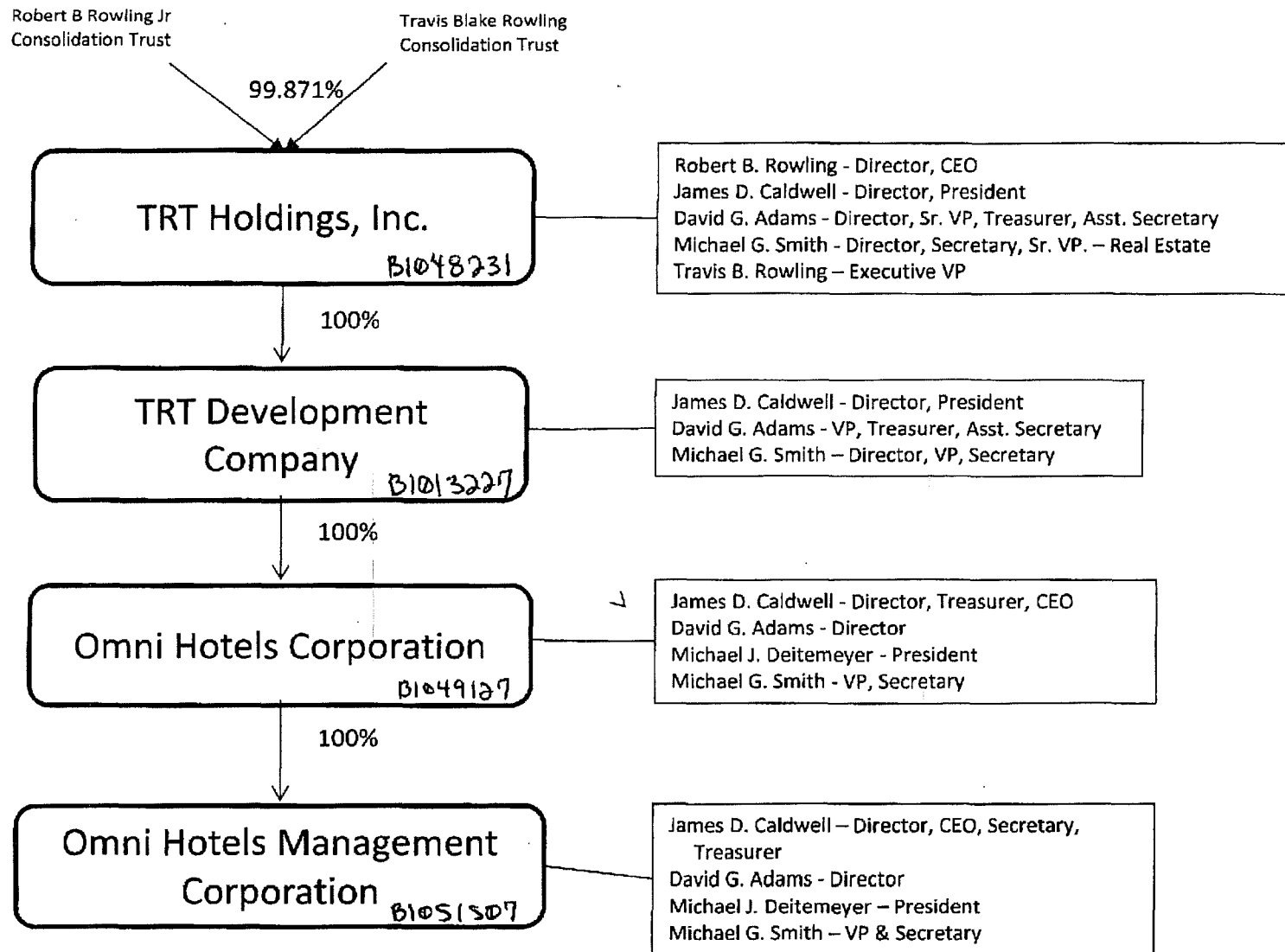
6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Omni Hotels Corporation			100%	4001 Maple Ave., #500, Dallas, TX			75219

(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.

Current Corporate Structure Regarding Omni Hotels Management Corporation



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: N/A
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: N/A
(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: N/A
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: N/A
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: Kermabon, Thomas Adam Entity: Agent
Last First Middle (Individual, Agent, Etc.)

2. Ownership Name: T N R & S Acquisition Inc.
(Exactly as it appears on license)

3. Business Name: Tucson National Golf & Conference Resort
(Exactly as it appears on license)

4. Business Location Address: 2727 W Club Drive, Tucson, AZ 85742
Street City State Zip

5. License Type: Series 6 Bar License Number: 06100165

6. Current Mailing Address: 4001 Maple Ave., Suite 500, Dallas, TX 75219
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) Michael John Deitemeyer 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) Michael John Deitemeyer, 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.

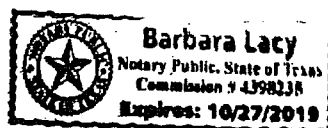
NOTARY

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

State of TEXAS County of DALLAS
The foregoing instrument was acknowledged before me this

My commission expires on: 10/27/2019
Date

17 of JANUARY, 2019
Day Month Year



[Signature]
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: 264 feet
(If less than one (1) mile note footage)

Name of School: St. Elizabeth Ann Seton School

Address: 8650 N Shannon Road, Tucson, AZ 85742

2. Distance to nearest Church: 264 feet
(If less than one (1) mile note footage)

Name of Church: St. Elizabeth Ann Seton Catholic Church

Address: 8650 N Shannon Road, Tucson, AZ 85742

SECTION 14 Business Financials

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

2. If the premise is leased give lessors:

Name: N/A

Address: N/A

Street

City

State

Zip

3. Monthly Rent/ Lease Rate: \$ N/A

4. What is the remaining length of the lease? Yrs. N/A Months _____

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
N/A							

(Attach additional sheet if necessary)

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

Hotel with golf resort and spa

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 #: 06100165 Individual Owner /Agent Name: Thomas Adam Kermabon

(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? N/A

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

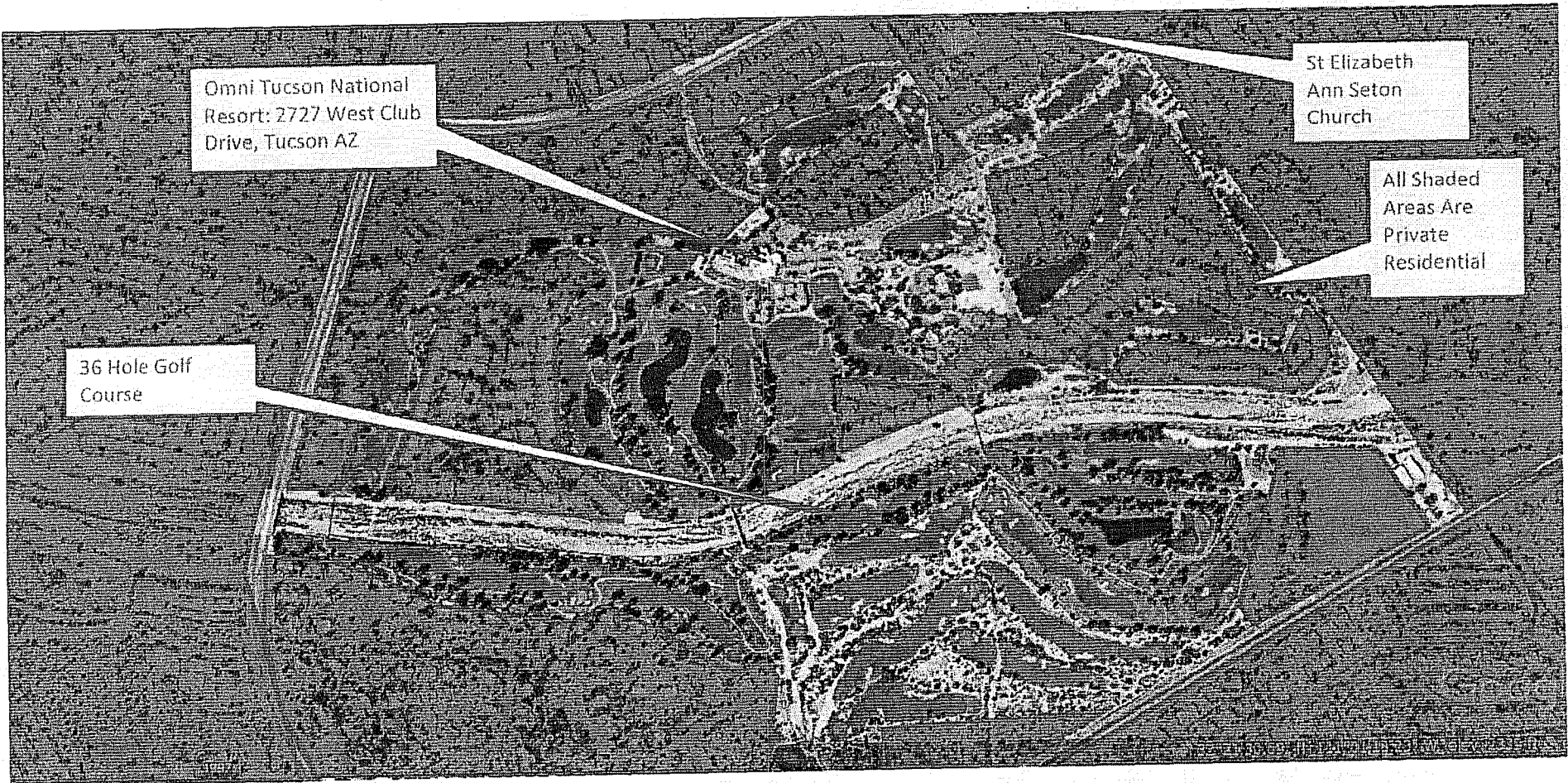
Arizona LL #06100165 covers all hotel/resort buildings, club houses, golf courses, public pools and outdoor recreation areas.
The parking lot, private residences and St. Elizabeth Ann Seton Church are not licensed.

Omni Tucson National
Resort: 2727 West Club
Drive, Tucson AZ

St Elizabeth
Ann Seton
Church

All Shaded
Areas Are
Private
Residential

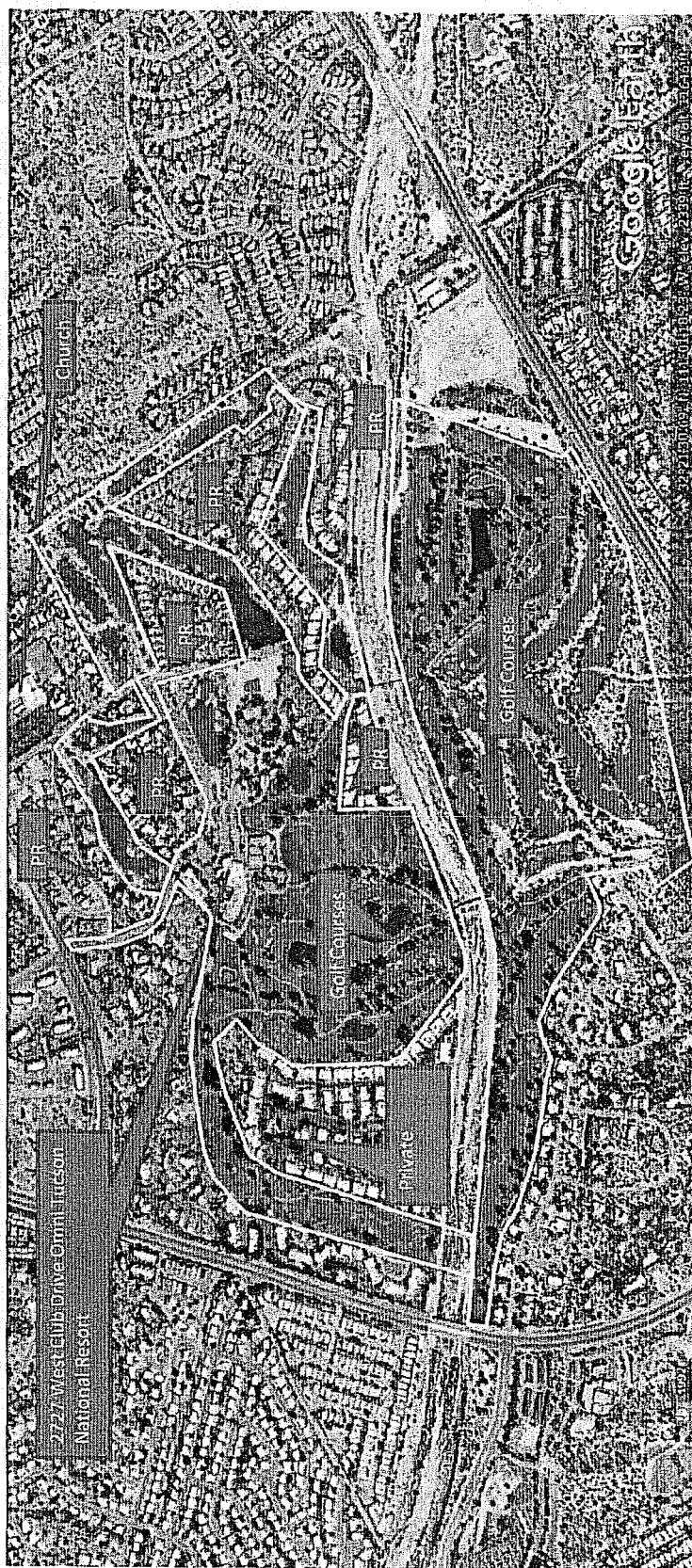
36 Hole Golf
Course



RECEIVED

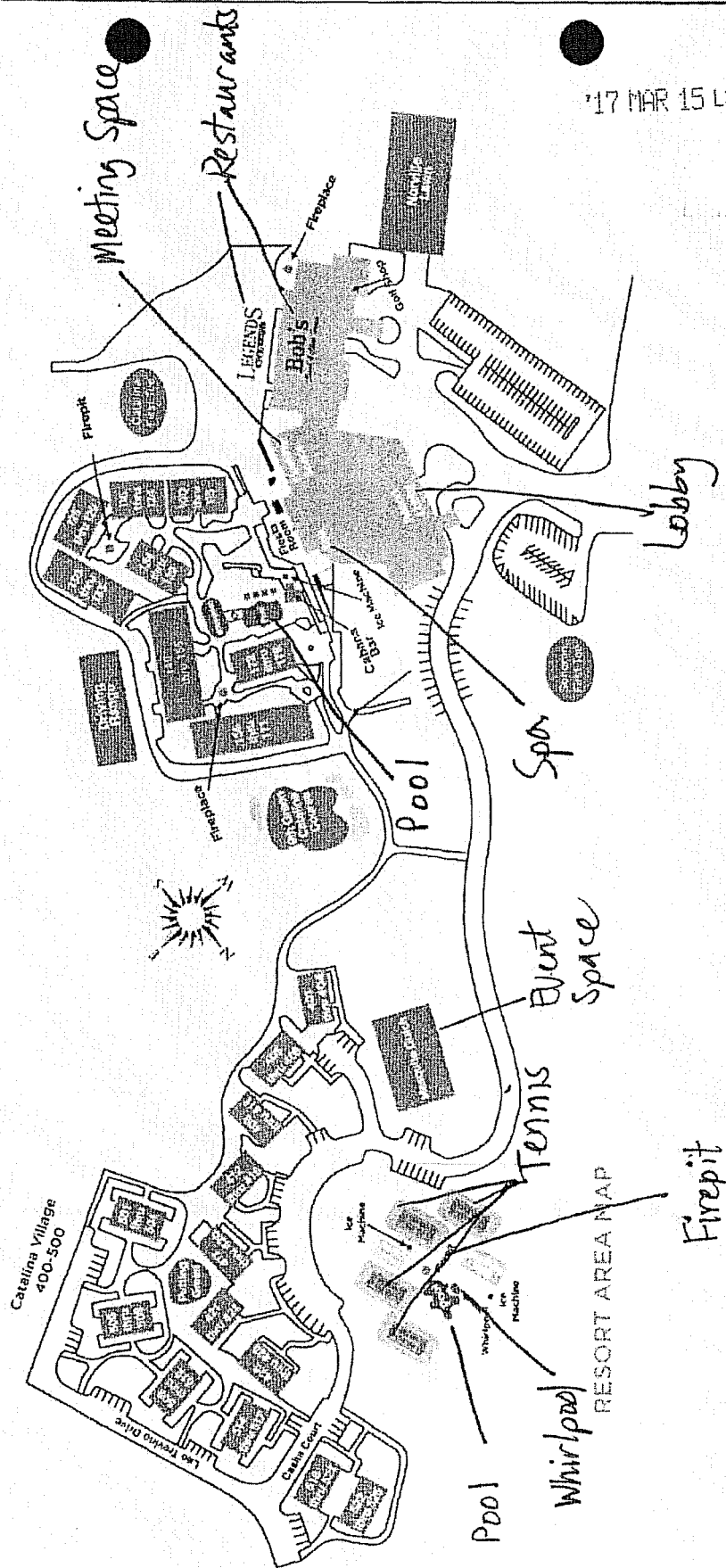
17 MAR 15 11:47 AM '03

17 MAR 15 Lir. Lic. PM12:03



2727 West Club Drive

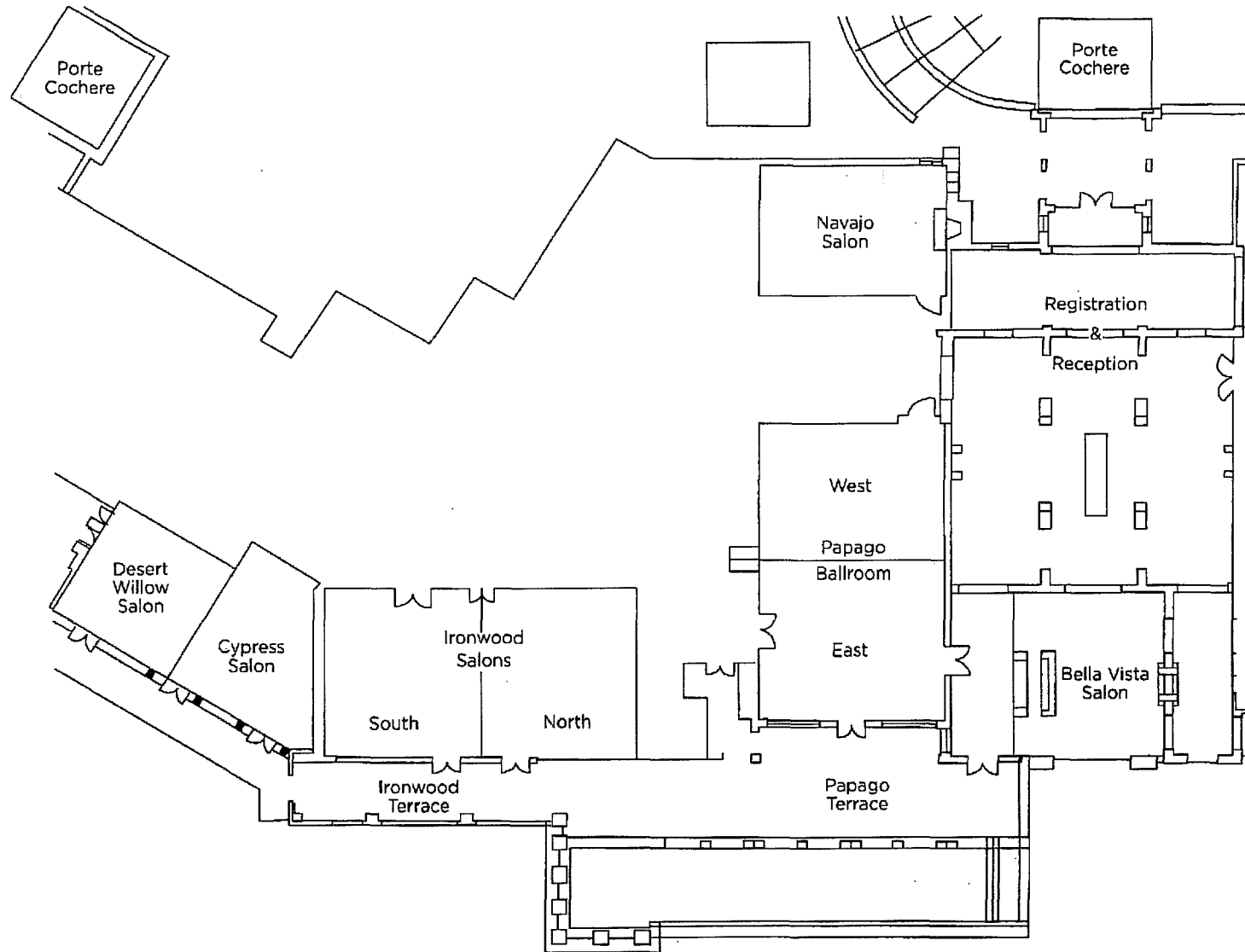
OMNI RESORTS
tucson national



17 MAR 15 11:41 AM

Meeting Rooms

Tucson Floor Plans



17 MAR 15 11:47. LJC, PM1203

Meeting Rooms

Room	Square Footage	Dimensions L x W	Ceiling Height	Portable Walls	Theater	Classroom		Banquet 60"	Reception	Exhibits 8 x 10	Hollow Square
						18"	30"				
Papago Terrace	2,000	—	12'6"	No	—	—	—	140	190	—	—
Papago East	1,558	38' x 41'	12'6"	Yes	140	66	42	100	130	9	42
Papago West	1,312	32' x 41'	12'6"	Yes	80	42	24	90	110	8	36
Papago Ballroom	2,870	70' x 41'	12'6"	Yes	280	162	90	220	300	18	80
Ironwood South	1,326	34' x 39'	12'6"	Yes	90	42	24	90	110	8	36
Ironwood North	1,326	34' x 39'	12'6"	Yes	90	42	24	90	110	8	36
Ironwood Salon	2,652	68' x 39'	12'6"	Yes	220	—	—	180	220	16	72
Ironwood Terrace	1,000	—	12'6"	No	—	—	—	60	90	—	—
Cypress Salon	1,054	32' x 31'	12'6"	No	70	33	24	60	90	4	28
Desert Willow Salon	783	27' x 29'	12'6"	No	50	24	18	50	70	4	20
Navajo Salon	1,270	41' x 31'	12'6"	No	100	42	24	80	110	7	34
Bella Vista	1,800	49'6" x 60'	12'6"	No	130	63	42	110	145	9	45
Mesquite Gulch	5,400	—	—	No	—	—	—	360	450	—	—
Sweetwater Terrace	1,500	—	—	No	—	—	—	128	168	—	—
Norville Lawn	6,000	—	—	No	—	—	—	400	500	—	—
*Catalina Green	7,800	—	—	No	—	—	—	250	300	—	—

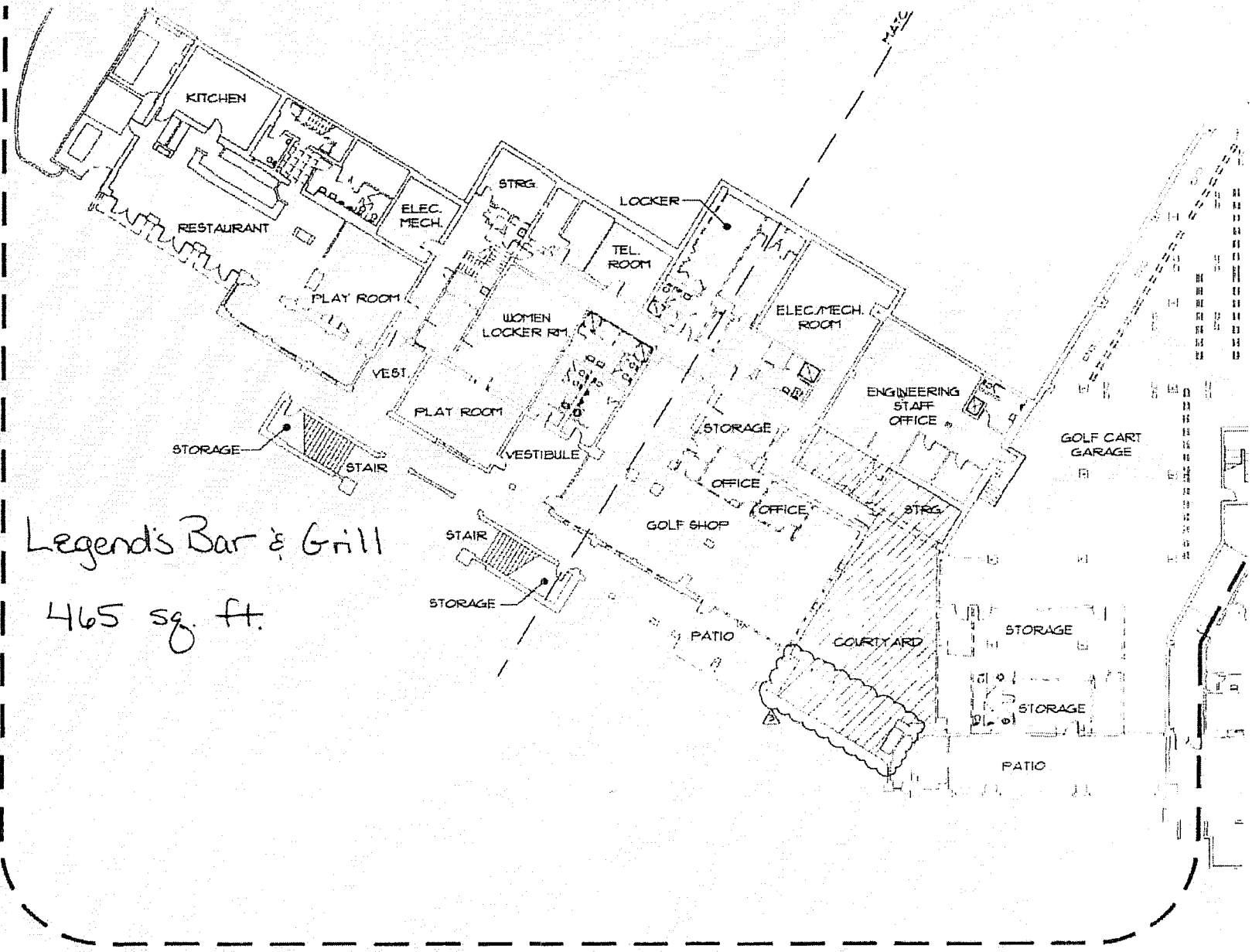
Meeting room capacities are determined by the use of the "Arranger & Comfort Calculator," a standardized meeting room capacity measurement system used by Meeting Professionals International. 60" banquet capacities are based on 10 persons per table.

*Available evenings only

17 MAR 15 14:41 PM 2013

17 MAR 15 11:47 AM RM1203

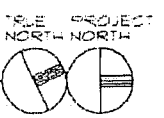
RECEIVED



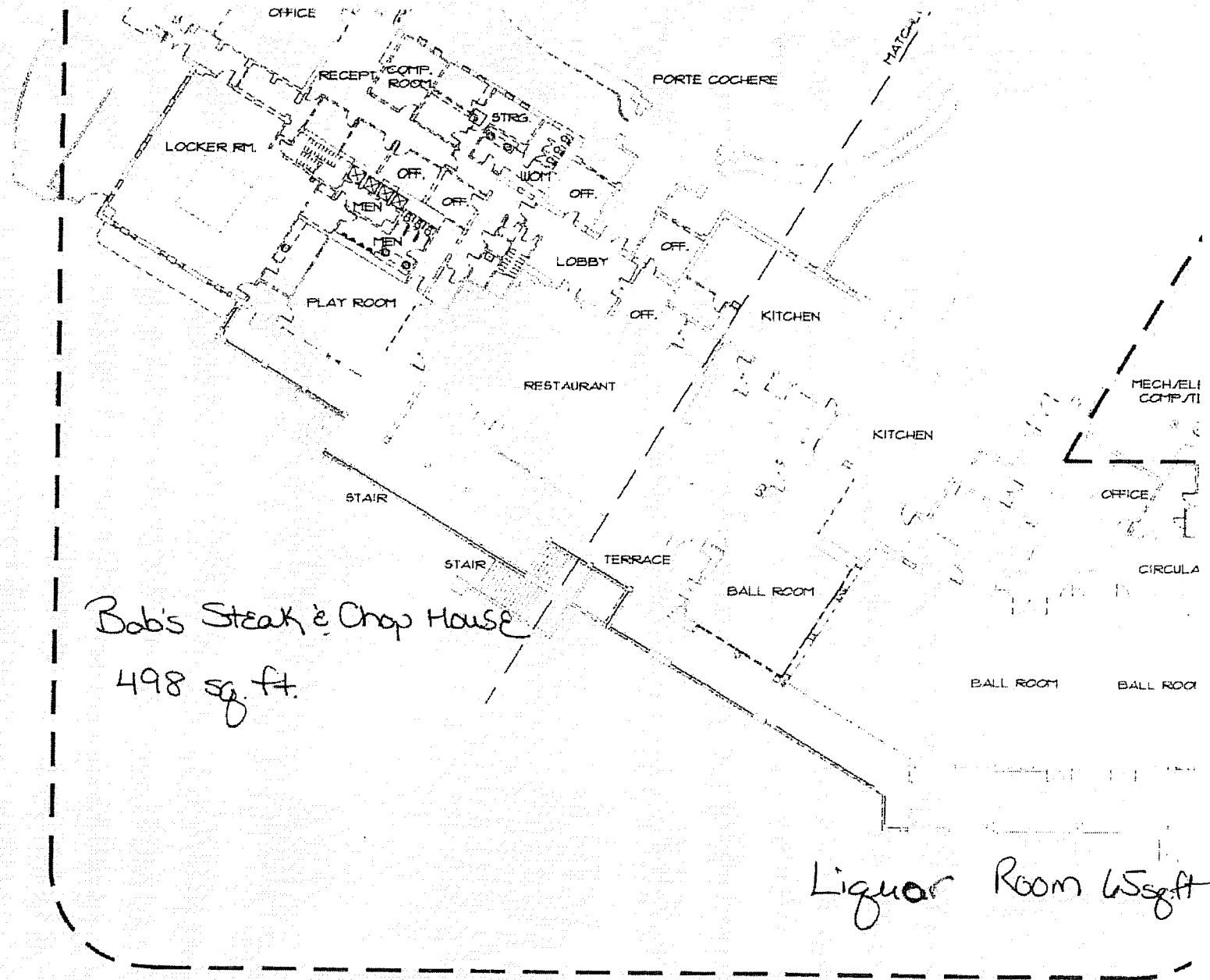
OVERALL DEMOLITION PLAN SPA LEVEL

1

1/16" = 1' - 0"



17 MAR 15 147. LIC. #1203



OVERALL DEMOLITION PLAN LOBBY LEVEL



1/16" = 1'-0"

TRUE PROJECT
NORTH NORTH



SECTION 17 SIGNATURE BLOCK

NOTARY

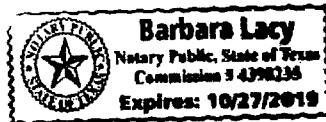
I, (Print Full Name) Michael John Deitemeyer, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X _____
(Signature of CURRENT Individual Owner/Agent)

State of TEXAS County of DALLAS
The foregoing instrument was acknowledged before me this

My commission expires on: 10/27/2019
Date

17 of JANUARY, 2017
Day Month Year



Barbara Lacy
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.