

Deputy Clerk

## **Pima County Clerk of the Board**

Julie Castañeda

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

May 18, 2017

Rebecca Debenport Safford Tap & Bottle 4330 N. Via Sinuosa Tucson, AZ 85745

RE:

Arizona Liquor License No.: 07100045

d.b.a. Tap & Bottle

Dear Ms. Safford:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 7, Beer & Wine Bar, which was received in our office on April 14, 2017. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, June 6, 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,

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: _	4/17/17	Date of Posting Removal:	5/8	/17
Applicant's Name	Tap & Bottle	Rebecca	/ /	Debenport
	Last	First	T	Middle
Business Address:	7254 N. Oracle Road Street		City	85704 Zip
License #: <b>0710</b>	0045			
		sted notice in a conspicuous place on the was posted for at least twenty (20) days.		ed to be
R. GREN	JIEC #6175	PCSD	351	6000
Pı	rint Name of City/County Official	Title	Pho	ne Number
			5/8	//7
	Signature		Da	té 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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Julie Castañeda

#### Melissa Manriquez Deputy Clerk

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TO:	Development Services, Zoning Division						
FROM:	Ricci Romero Administrative Support Specialist Senior						
DATE:	April 14, 2017						
RE:	Zoning Report - Application for Liquor License						
Attached is	the application of:						
Rebecca Debenport Safford d.b.a. Tap & Bottle 7254 N. Oracle Road Tucson, AZ 85704							
Series 7, Be	Arizona Liquor License No. <u>07100045</u> Series <u>7</u> , Beer & Wine Bar						
New Licens Person Trai Location Tra	nsfer X						
ZONING RI	ZONING REPORT DATE:						
Will current	zoning regulations permit the issuance of the license-at-this location?						
Yes 🖸	No 🗆						
If No, pleas	e explain:						
	Pura County Zaning Intractor						

When complete, please return to cob mail@pima.gov

MY 1717 PRICHASPCCIKER

17 APR 6 Ligr. Dept 8/11/16 17 MAR 22 Ligr. Dept 9/1/19

#### 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)

A service fee of 323 Will be chalded for the	an distronored checks (A.K.a. 3 47 500.	₽ Char
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 (Barsand 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 Individual (Complete Section Partnership (Complete Section Complete Section (Complete Section Complete Section (Complete Section S)  Club (Complete Section 8)  Government (Complete Section 6)  Trust (Complete Section 6)  Other (Explain)	6) n 6) on 7) e Section 7)
SECTION 3 Type of license  1. Type of License: Series 7:Beer & Wine Bar	UCBNSE#_07100045	
SECTION 4 Applicants  1. Individual Owner/Agent's Name:  Safford  2. Owner Name:    Rebecca Safford   Last   Last		Debenport PIDO 340  Middle  Blo48364
(Exactly as it appears on the exterior of premises)  4. Business Location Address: (Do not use PO Box)  5. Mailing Address: (All correspondence will be mailed to this address) Street  520-743-6451	Tucson AZ  Tucson AZ  City AState AZ  City 51orle  rtime Contact Phone: 520-743-64	85704 Pima    Zip Code   County 81058610     85745   Pima     151
7. Email Address rebecca@thetapandbottle.com  8. Is the Business located within the incorporated limits of th  9. Does the Business location address have a street address for another City, Town or Tribal Reservation?  Yes✓No  If yes, what City, Town or Tribal Reservation is this Business k  10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar o	for a City or Town but isactually in th ਦ ocated in:	ne boundaries
	nt Use Only \$44.00	\$_ <b>244.</b> 99 Total of All Fees □No 1100045

#### **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 curren	tly at the location	n:						
2. Is the license	e currently in use	? Yes No	If no, how	w long has	it been out	of use?			
Attach a copy	of the license c	urrently issued o	at this location	on to this c	pplication.				
Ι,	(Print Full Name	)	_ declare that the stated	at lam the ( license and		/NER, AGENT, (	ORCONT	ROLLING	PERSON on
X(Signs	ature of CURRENT Indiv	dual Owner/Agent)		State of	The fore	Cou	nty of	dged belore	me this
	xpireson:			Day		Mont			Year
		Date.							Teci
						Signature of NO	TARY PUBLIC		
	vidual, Partnershi TED MUST SUBMIT A C		-	•	YPE FINGERPR	NT CARD AND \$	22 PROCES	SSING FEE	FOR EACH
Last	First	Middle	%0	Owned	Mailing Adda	ess	City	State	Zip Code
	ther than above ne, current addr First		ne number	of person(		tional sheetsi			-
<u>Partnership</u> Name of Partn	ership:								
General-Limited	Last	First	Middle	%Owned	Malling A	Address	City	State	Zip Code
<u>J.T.W.R.O.\$</u> (Jo Name of J.T.W	int Tenant with R .R.O.S:	ights of Survivors	hip)						
Last	First		Aiddle		alling Address		City	State	Zip Code

#### SECTION 6 - continued

<u>RUST</u> Name of Trust: _				The state of the s			
Last	Fir	st	Middle	Mailing Address	City	State	Zip Code
RIBE Name of Tribal (	Ownership:						
Last	Fire	st	Middle	Mailing Address	City	State	Zip Code
L.L.C.  Name of Cor  Date Incorpo  AZCorporation  Is Corp/LLC.  List Directors,	poration/LLorated/Organ on or AZLLC Non Profit?	omplete Questio C: Tap & Bottle ized: L-1754	Sate wh 4182-1	nd 7	Organized: do Businessin	State	2013 5       ( Zip Code 5745
	Scott	Jason		4330 N. Via Sir			
3. List all Stockh	olders/perce		tach additional sheet if n			-	
ast Safford F	First Rebecca	Middle Debenport	%0wned 50%	Mailing Address 4330 N Via Sin	city uosa Tucso	state on AZ 85	Zip Code 5745
Safford S	Scott	Jason	50%	4330 N Via Sin			
			attach addittona) sheet it r				

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, Sockholders and percentage owners of those entities.

### **SECTION 8** Club Applicants

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

1. Name of Club:				
<ol> <li>Is Club non-profit? Yes</li> <li>List all controlling member</li> </ol>	sNo ers(minimum of four (4) reques	*ad)		
J. Da all condolling member	era (miniminant of lout (4) ledue:	300)		
Last Fin	Middle Middle	Mailing Address	City	State Zip Code
•				
	(Altach additio	nal sheet if necessary)		
<u>ECTION 9</u> Probate, Will Assign	nment or Divorce Decree of c	ın existing Liquor License		
Current Licensee's Name:			400	
(Exactly as it appear on the lice	nse) Last	First Middle		
. Assignee's Name:	Last	First Middle		
Lineane Times		Marana Marahan		
	CERTIFIED COPY OF THE WILL, PF THE LIQUOR LICENSE TO THE ASSI		MENT, OR DIVO	RCE DECREE
ECTION 10 Government (for	cities, towns, or counties or	ily)		
. Government Entity:				
2. Person/Designee:				
reisin/Designee	First Last	Middle	Day tim	e Contact Phone #
A SEPARATE LICENS	E MUST BE OBTAINED FOR EAC	H PREMISE FROM WHICH SI	PIRITUOUS LIQU	JOR IS SERVED.
ECTION 13 to self-self-term				
ECTION 11 LOCATION TO LOCA	ation Transfer: Series & Bar, Se	erles 7 Beer & Wine Series	9 Liquor Store	s only)
. Current Business:	The Good Oak	Bar		
	316 E. Cong	ress St. Tucson, AZ	85701	
	Addiess.	(Exactly as it appears o	n (Icense)	WHAT AND ADDRESS OF THE PARTY O
2. New Business:	Tap & Bottle			
	7254 N. Orac	cle Road Tucson, AZ	85704	
Series 7		cle Road Tucson, AZ		

SECTION 12 Person to Pe Questions to be comple	rson Transfer ted by Current Licensee (Ba	r and Liquor Stores Onl	y- Series, 06, 07, ar	nd <b>0</b> 9)
	Thomas	Danny	Rov	Agent
1. Individual Owner / Ag  2. Ownership Name:	ood Oak Tucson LLC	First	Middle	(Individual, Agent, Etc.)
•	l Oak Bar	tly as it appears on license)		
4. Business Location Add	316 E Congress St	tly as II appears on IIcense) . Tucson	AZ 85701	
Series 5. License Type:	Street	City License Numbe	07100045	Дρ
6. Current Mailing Addre	316 E. Congress St.		AZ	85701
	Street	City	State	Zip
7. Have all creditors, lier	n holders, interest holders, etc	c. been notified? 🗹	Yes No	
8. Doesthe applicant in	tend to operate the busines:	swhile thisapplication	ispending? 🔲 Ye	s 🔽 No
If yes, complete Section	5 (Interim Permit) of this app	olication; attach fee, a	nd current license	to thisapplication.
9. l, (Print Full Name) transfer the privilege of	Bill of Sale) the license to the applicant onditions, I certify that the a	t provided that all tern	nsand conditions	of sale are met. Based on
, (Print Full Name)	SEE of the stated license. I ha			WNER, MEMBER, PARTNER rm that all statements are
		NOTARY		
X(Signature of CURR	ENT Individual Owner/Agent)	State of		iy of s acknowledged before me this
My commission expires on:	Date	Day	_ ofMonth	Year
			Signature of NOT.	ARY PUBLIC

# SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants.

L.S. § 4-207. (A) and (B) state application is received (300) horizontal feet of or within three hundred The above paragraph I	by the director, wir a public or private : (300) horizontal fee	thin three hundred school building wit	l (300) horizontal feet ih kindergarten progra	of a church, msor <mark>grade</mark>	within th sone (1)	ree hundred through (12)
a) Restaurant license (§     b) Hotel/motel license     c) Microbrewery Series     d) Craft Distillery Series	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 So (If less than one (1) mile note 2. Distance to nearest C (If less than one (1) mile note	footage) 0.8 miles o		Address:S	aconda Wa	y # 113 atholic C	rthwest (Post , Tucson / ) community to Valley / (25)
SECTION 14 Business Fine	ancials					
1. I am the: Lessee  2. If the premise is leased	□ Sub-lessee digive lessors:	Owner Roma	□Purchaær ano Real Estate Co		anageme	ent Company
		Address:3900	E. Via Palomita		AZ	85718
3. Monthly Rent/ Lease I	Rate: \$		Sheel	City	State	Zip
4. What is the remaining	length of the lease	? Yrs. 5	Mo	nths		
5. What is the penalty if	the lease is not fulfil	led?\$	or Other: \$	150,000 pe	ersonal g	juaranty 
6. Total money borrowe Please List Lenders/Peop	d for the Business no ble you owe money	ot including lease? to for business	Give details-attach a	ddilional sheel if n	ecessary)	
Lost First	Middle	Amount Owed	Mailing Address	City	State	<b>Zi</b> p
7. What type of busines Beer & Wine Bar		ch additional sheet it ned used for (be speci				
8. Has a license or a trai year? ☐ Yes ☑ No if ye			oplication been denie	d by the stat	te with in	the past (1)
9. Doesany spirituous liqu	•		yee have an interest in	your busines	≋?∐Yes[	✓No
10. Isthe premises currer	ntly license with a liqu	uorlicense?∐Yes	<b>✓</b> No			
If yes, give license numb	eranolicensee's na	me:				
License #:	lndividual C	wner/Agent Nam	e:	as it appears on i	Icanta\	
			(EXOCHY	as a abbanis ou i	1-01190]	

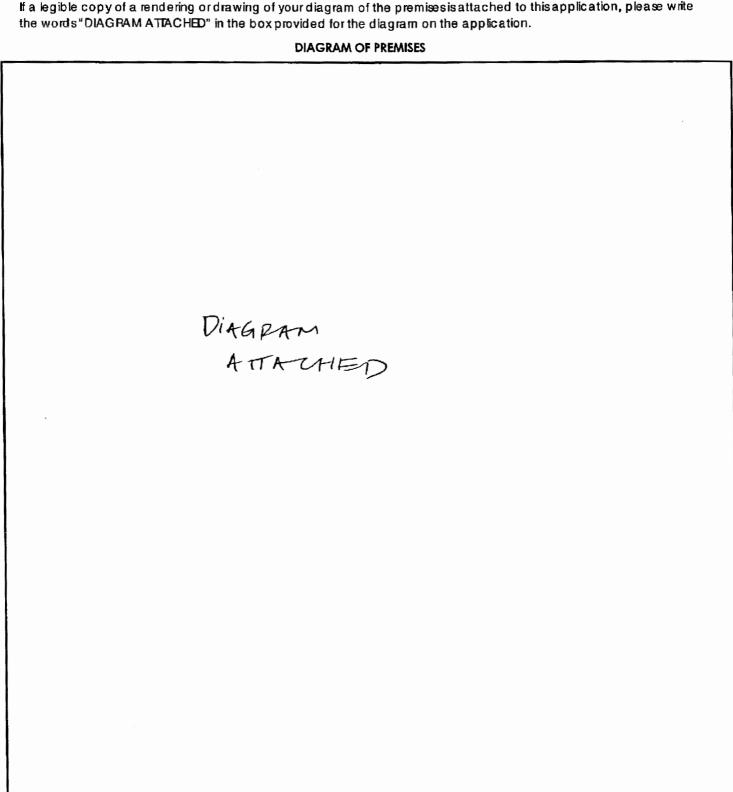
### SECTION 15 Restaurant or hotel/motel license applicants

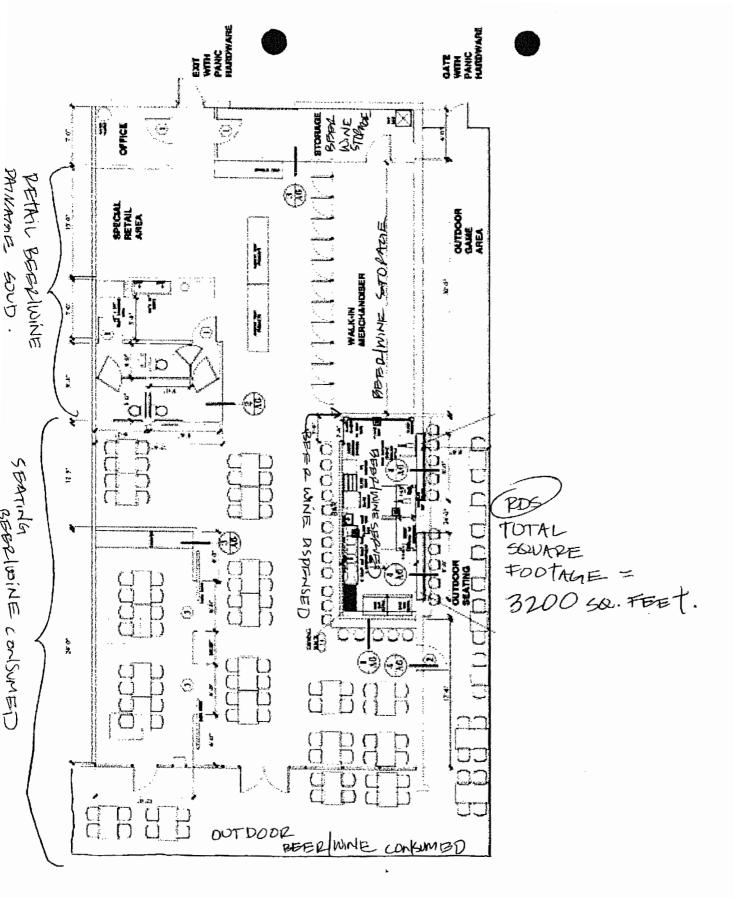
1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All Restaurant 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 it gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor of 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 a inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place of the licensed premises. With the exception of the patio barriers, these items are not required to be properly installe for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for you inspection 90 days after filing your application, please request an extension in writing; specify why the extension necessary; and the new inspection date you are requesting.
(Applicant's Initials)
SECTION 16 Diagram of Premises  Check ALL boxes that apply to your business:
Entrances/Exits
✓ Walk-up windows ☐ Drive-through windows ☐ Non Contiguous
<ol> <li>Is your licensed premises currently closed due to construction, renovation or redesign? ✓ Yes No If yes, what is your estimated completion date?</li> </ol>
Month/Day/Year
<ol> <li>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 fumiture. Place for diagram is on section 16 number 6.</li> </ol>
<ol> <li>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).</li> </ol>
<ol> <li>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.</li> </ol>
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. RDS

(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 1.





- NORTH

<u>NOTARY</u>
I, (Print Full Name) PERCUA DESEX DELI SAFFUD hereby declare that I am the Owner/Agent filling this application a 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)  My commission expires on:  The foregoing instrument was acknowledged before me this  The foregoing instrument was acknowledged before me this  On MARCH  Date  Chris Kaufmann  Notary Public - Artzona  Pina County  My Commission Expires  July 22, 2019  ATMS  KAUFMANN  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.