

Pima County Clerk of the Board

Julie Castañeda

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

March 5, 2018

Alice Soto Los Acres Grocery 4141 W. Tetakusim Road Tucson, AZ 85746

RE:

Application for Agent Change/Acquisition of Control/Restructure

Arizona Liquor License No.: 10103731

Los Acres Grocery

Dear Ms. Soto:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above application. Please be advised that the hearing has been scheduled for Tuesday, March 20, 2018, at 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building Board of Supervisors Hearing Room 130 West Congress, 1st Floor Tucson, Arizona 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,

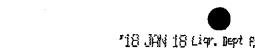
Julie Castaneda Clerk of the Board

Enclosure

C:

Pima County Sheriff Investigative Support Unit

18-01-0119



'18 FEB 13 Ligy, Lic. #M10/24

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

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Date Processed:
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CSR:
- Chr
60th Day:
<i>4/14/18</i>
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CTION 1					- - - - - - - - - - 		
neck the opropriate oxes	Agent Chang Complete Sections 1,2,	·		on of Contral ctions 1,2, 3 & 7	Restructure Complete Sections 1,2,3,6 & 7		
CTION 2	(COMPLETE THIS SECTIO	N FOR AGENT CHA	NGE, ACQU	ISITION OF CONTRO	OL OR RESTRUCTUR	E)	
1. Name:	SOT (STING AGENT OR NEW AGENT) LOST		ICE				P101
	10010==0110		First	Middle	14007400	quor Licen	\$105°
2. Owner Na		actly as it appears on Liqu	or License)	Corp File	#: L19387493	applicabl	<i>[B1057</i>
3. Business N	ame: LOS ACRES GROC	ERY	•	Fmo	oil: alibenz8888@g	mail.cor	-, n
		actly as it appears on Liqu	or Ucense)	TUCCON	DIM		05740
4. Business Lo	cation Address: 4141 W TE	(Do not use P.O. Box Nu	mber)	TUCSON	PIM coun		85746
5. Is the Busine	ess located within the incorp				o		•
			•				
/ Dogsalles De	المستقوم والمستقوم والممورة						
	siness location address have						, Town or
Trîbal Reserv	otion? ✓Yes_No If Yes, wt	nat City, Town or Trib		n is this Business locat			, Town or
Trîbal Reserv		nat City, Town or Trib		n is this Business locat TUCSON	ed in: <u>PIMA COUN</u> AZ	TY	85746
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If the ownership is owned by another entity, <u>ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES.</u> Attach additional sheets as necessary in order to disclose all persons.

SECTION 4	(COMPLETE	THIS SECTION FOR AGENT CHANG	GE)							
1. As an Agent, will you be physically present and operating the licensed premise? Yes No If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approve Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.										
2. Is there a current Manag Certificate? Yes No If yes, Name of current Man		disclased to the Department with the	ne current Basic and Man							
Basic Training	Yes No			ale						
Basic Training Yes No Management Training Yes No If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure										
SECTION 5 To be complete	(COMPLETE THIS ed by the INDIVIDUAL OR EX	SECTION FOR AGENT CHANGE) ISTING AGENT OR CORPORATE OFF	ICER OR L.L.C. CONTROLLI	NG MEMBER:						
	ie: # appears on license) Last									
	• • •		Middle							
I, (Print full name) to immediately assign convicted of o felony i	a new Agent in the event th n the last five (5) years.	hereby consent to the doubt am unable to discharge the d	appointment of Agent for luties of Agent for this lice	this license. I agree nse. I have not been						
Χ	son/Existing Agent)	State of	County af e foregoing instrument was acknow							
(Confolling ren	ion/existing Agent)									
My commission expires on: _		C	of	,						
	Signature of NOTARY PUBLIC									
If YES, SEPARATE APPLICATIO Type of current ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain)	sed premises involved? <u>NS</u> must be filed and fees pa	id for each license/location. Type of new ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATIO LIMITED LIABII MANAGEMEI TRIBE TRUST OTHER (Explo	DN LITY CO. NT CO. sin)							
To be completed by Contro Section 2 Question 1. I. (Print full name) ALICE the application and the co	BENITEZ SOTO Intents and all statements a OFFICIAL SEAL Janice Chavez Notary Public- Arizona PIMA COUNTY	State of of	Agent if applying for Agent PAPPLICANT filing this applying the applyi	olication. I have read						
	wy Comm Exp April 9 202	gIADA accommodations please call (602)542-9027							