



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

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

August 28, 2018

Andrea Dahlman Lewkowitz
The Hacienda at the Canyon
2600 N. Central Avenue, Suite 1775
Phoenix, AZ 85004

RE: Arizona Liquor License No.: Job No. 25678
d.b.a. The Hacienda at the Canyon

Dear Ms. Lewkowitz:

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 July 25, 2018. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, September 18, 2018, 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 "Julie 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

ALG 2718W0328PC0 KDF BD
623

AFFIDAVIT OF POSTING

Date of Posting: 8/8/18 Date of Posting Removal: 8/27/18

Applicant's Name: The Hacienda at the Canyon
Lewkowitz Andrea Dahlman
Last First Middle

Business Address: 3900 N. Sabino Canyon Road 2L Tucson 85750
Street City Zip

License #: Job No. 25678

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.

M. Powell PROCESS SERVER 351-6000
Print Name of City/County Official Title Phone Number
M. Powell 8/27/18
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: Alina Bárcenas *AFB*
Administrative Support Specialist Senior

DATE: 7/26/2018

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Andrea Dahlman Lewkowitz
d.b.a. The Hacienda at the Canyon
3900 N. Sabino Canyon Road 2L
Tucson, AZ 85750

Arizona Liquor License No. Job No. 25678
Series 12, Restaurant
New License ☒
Person Transfer
Location Transfer

ZONING REPORT

DATE: 7/26/18

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

JUL 26 18 PM 03:47 POC CLK OF PD

AFB



18 JUL 13 14:14 PM1250

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 Type of License

- ☐ Interim Permit
☐ New License
☐ Person Transfer (series 6, 7 and 9)
☐ Location Transfer (series 6, 7 and 9)
☐ Probate/ Will Assignment/ Divorce Decree (No Fees)
☐ Seasonal

SECTION 2 Type of Ownership

- ☐ J.T.W.R.O.S.
☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Co
☐ Club
☐ Government
☐ Trust
☐ Tribe
☐ Other (Explain) _____

SECTION 3 Type of Privilege

- ☐ Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
A.R.S. § 4-206.01 (G), (H), (I) & (L)
☐ Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)
A.R.S. § 4-207(A) & (B)

1. Type of License (Series of license): _____

2. LICENSE # Job # 75678

SECTION 4 Applicants

1. Agent's Name: Lewkowitz Andrea Dahlman
Last First Middle
2. Individual/Owner Name: _____
(Ownership name for type of ownership checked in section 2)
3. Business Name (Doing Business As-DBA): THE HACIENDA AT THE CANYON
4. Business Location Address: _____
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: _____
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: _____ Daytime Contact Phone: _____
7. Email Address: _____

*** 8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? PIMA COUNTY

9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

Department Use Only				
Fees:				\$
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees



18 JUL 13 Lic. Lic. #1044

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

DLIC USE ONLY

License #	Job # 25678
Date Accepted:	7-13-18
CSR:	C.A.

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 Type of License

- ☐ Interim Permit
☒ New License
☐ Person Transfer (series 6, 7 and 9)
☐ Location Transfer (series 6, 7 and 9)
☐ Probate/ Will Assignment/ Divorce Decree (No Fees)
☐ Seasonal

SECTION 2 Type of Ownership

- ☐ J.T.W.R.O.S.
☐ Individual
☐ Partnership
☒ Corporation
☐ Limited Liability Co
☐ Club
☐ Government
☐ Trust
☐ Tribe
☐ Other (Explain) _____

- SECTION 3 Type of Privilege** ☐ Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
A.R.S. § 4-206.01 (G), (H), (I) & (L)
☐ Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)
A.R.S. § 4-207(A) & (B)

1. Type of License (Series of license): SERIES 12 2. LICENSE # _____

SECTION 4 Applicants

1. Agent's Name: LEWKOWITZ ANDREA DAHLMAN
Last First Middle
2. Individual/Owner Name: WATERMARK RETIREMENT COMMUNITIES, INC.
(Ownership name for type of ownership checked in section 2)
3. Business Name (Doing Business As-DBA): THE HACIENDA AT THE CANYON
4. Business Location Address: 3900 N SABINO CANYON RD 2L TUCSON AZ 85750 PIMA
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: 2600 N CENTRAL AVE STE 1775 PHOENIX AZ 85004
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: (520) 297-9800 Daytime Contact Phone: (602) 200-7222
7. Email Address: ANDREA@LEWKLAW.COM
8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No
If you checked no, In what City, Town, County or Tribal/Indian Community is this business located? _____
9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

Fees:	<u>100</u>	<u>0</u>	<u>50</u>	<u>66</u>	<u>\$ 216.00</u>
	Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees

SECTION 5 Interim Permit

If you intend to operate business while the application is pending, you will need an interim permit pursuant to A.R.S. §4-203.01. For approval of an interim permit:

- There ~~must~~ be a valid license of the same series issued to the current location you are applying for, OR
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S. §4-203.01 (A)

1. Enter license number currently at the location: _____

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

NOTARY

I (Print Full Name) _____ hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.

Signature: _____ State of _____ County of _____
The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Date _____ Day of _____ Month _____ Year _____

Signature of Notary

SECTION 6 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. If the applicant is an entity, and not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: 10/08/1987 State where Incorporated/Organized: ARIZONA

b) AZ Corporation or AZ L.L.C. File No: 05180840 Date authorized to do business in AZ: 10/13/1987

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed. Disclose all controlling persons and members, shareholders or general partners who own a beneficial interest of 10% or more of the applicant or licensee.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
FRESHWATER	DAVID	JOHN	CHMN/VP/DIR		2020 W RUDASIL RD, TUCSON, AZ	85704		
BARNES	DAVID	NOBLE	PRES/DIR		2020 W RUDASIL RD, TUCSON, AZ	85704		
FRESHWATER	DAVID	JOHN	SHAREHOLDER	50%	2020 W RUDASIL RD, TUCSON, AZ	85704		
BARNES	DAVID	NOBLE	SHAREHOLDER	50%	2020 W RUDASIL RD, TUCSON, AZ	85704		

(Attach additional sheet if necessary)

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license A.R.S. §4-204

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. Current Licensee's Name: _____
(Exactly as it appears on the license) Last First Middle

2. Assignee's Name: _____
Last First Middle

3. License Number: _____

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.

SECTION 8 Government (for Cities, Towns or Counties only)

1. Government Entity: _____
2. Person/Designee: _____
Last First Middle Daytime Contact Phone #

**SECTION 9 Person to Person Transfer ARS§4-203(C), (D), (G)
(Bar and Liquor Stores only – Series 06, 07, and 09)**

1. License #: _____
2. Individual Owner/Agent Name: _____
Last First Middle
3. Ownership Name: _____
(Exactly as it appears on the license)
4. Current Business Name: _____
(Exactly as it appears on the license)
5. Business Location Address: _____
Street City State County Zip
6. Current Daytime Phone: _____ Primary Email Address: _____
7. Does current licensee intend to operate the business while this application is pending? ☐ Yes ☐ No
8. I, (Signature): _____ authorize the transfer of this license to the applicant.

NOTARY

I (Print Full Name) _____ hereby declare that I am the Individual Agent, Owner,
Or Controlling Person on the stated license and location.

Signature: _____ State of _____ County of _____
The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Date _____ Day of _____ Month _____ Year _____

Signature of Notary

**SECTION 10 Location Transfer- Current Licensee Information ARS§4-203(C), (D), (G)
(Bar and Liquor Stores only – Series 06, 07, and 09)**

1. Current Business: Name: _____
Address: _____
(exactly as it appears on license)
2. New Business: Name: _____
Address: _____

SECTION 11 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G 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) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 03
- d) Craft Distillery (A.R.S. §4-205.10) Series 18
- e) Government license (A.R.S. §4-205.03) Series 05
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 04
- h) Farm Winery Series 13
- i) Producer Series 01

1. Distance to nearest School: N/A - SERIES 12 Name of School: _____
(If less than one (1) mile, note footage) Address: _____
2. Distance to nearest Church: N/A - SERIES 12 Name of Church: _____
(If less than one (1) mile, note footage) Address: _____

SECTION 12 Business Financials A.R.S. §4-202(F)

1. I am the:

- ☐ Tenant: a person who holds the lease of a property; a lessee.
- ☐ Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
- ☐ Owner
- ☐ Purchaser
- ☒ Management Company **MANAGEMENT AGREEMENT ATTACHED**

2. If the premises is leased give lessors: Name: _____
Address: _____
Street City State Zip
3. What is the penalty if the lease is not fulfilled? \$ _____ or Other: _____
4. 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)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?
☐ Yes ☒ No If yes, attach explanation.
6. Does any spirituous liquor manufacturer, wholesaler, or employee have an interest in your business?
☐ Yes ☒ No If yes, attach explanation.

SECTION 13 Diagram of Premises

Check ALL boxes that apply to your business:

☐ Walk-up or drive-through windows

☒ Patio: Contiguous

☐ Patio: Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

☒ Yes ☐ No If yes, what is your estimated completion date? 09 / 01 / 2018

2. What type of business will this license be used for? (be Specific) RESTAURANT

3. Please attach a diagram of the premises which clearly shows only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and kitchen.

DO NOT INCLUDE

Parking lots, living quarters or areas where business is not conducted under this liquor license. Please identify which orientation is North on the diagram.

4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

ATTACH DIAGRAM

IMPORTANT NOTE: As stated in A.R.S. §4-207.01 (B), it is the licensee's responsibility to notify the Department of Liquor Licenses and Control when there are changes to the service areas or the square footage of the licensed premises, either by increase or decrease.

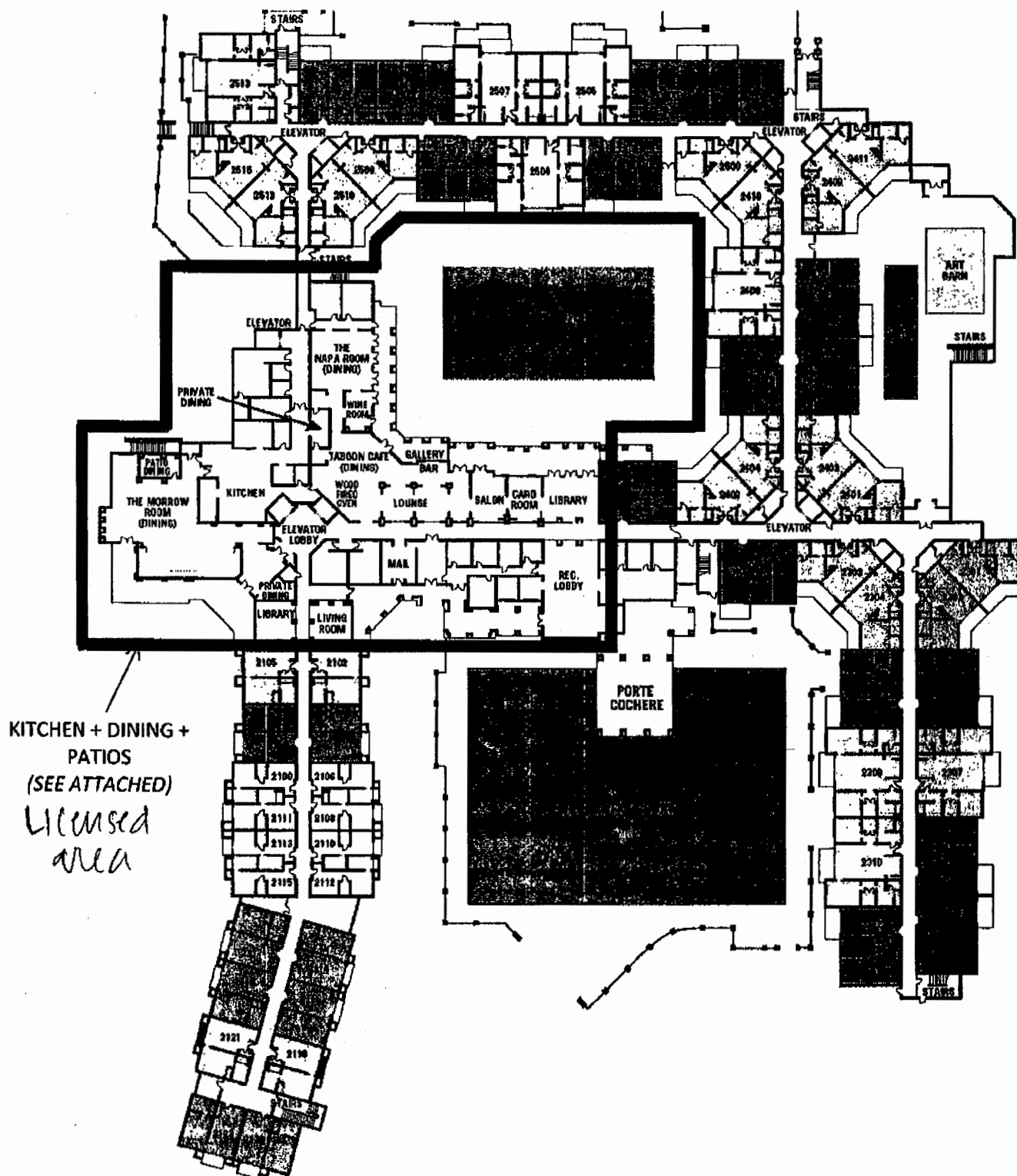
RESTAURANTS AND HOTELS/MOTELS ONLY

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. A \$50.00 fee for the inspection will be due and payable upon submitting this application.)

5a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture. These are required as part of the diagram. A.R.S. §4-205.02(C)

5b. Provide a restaurant operation plan.

LICENSED PREMISES – 24,500 SF

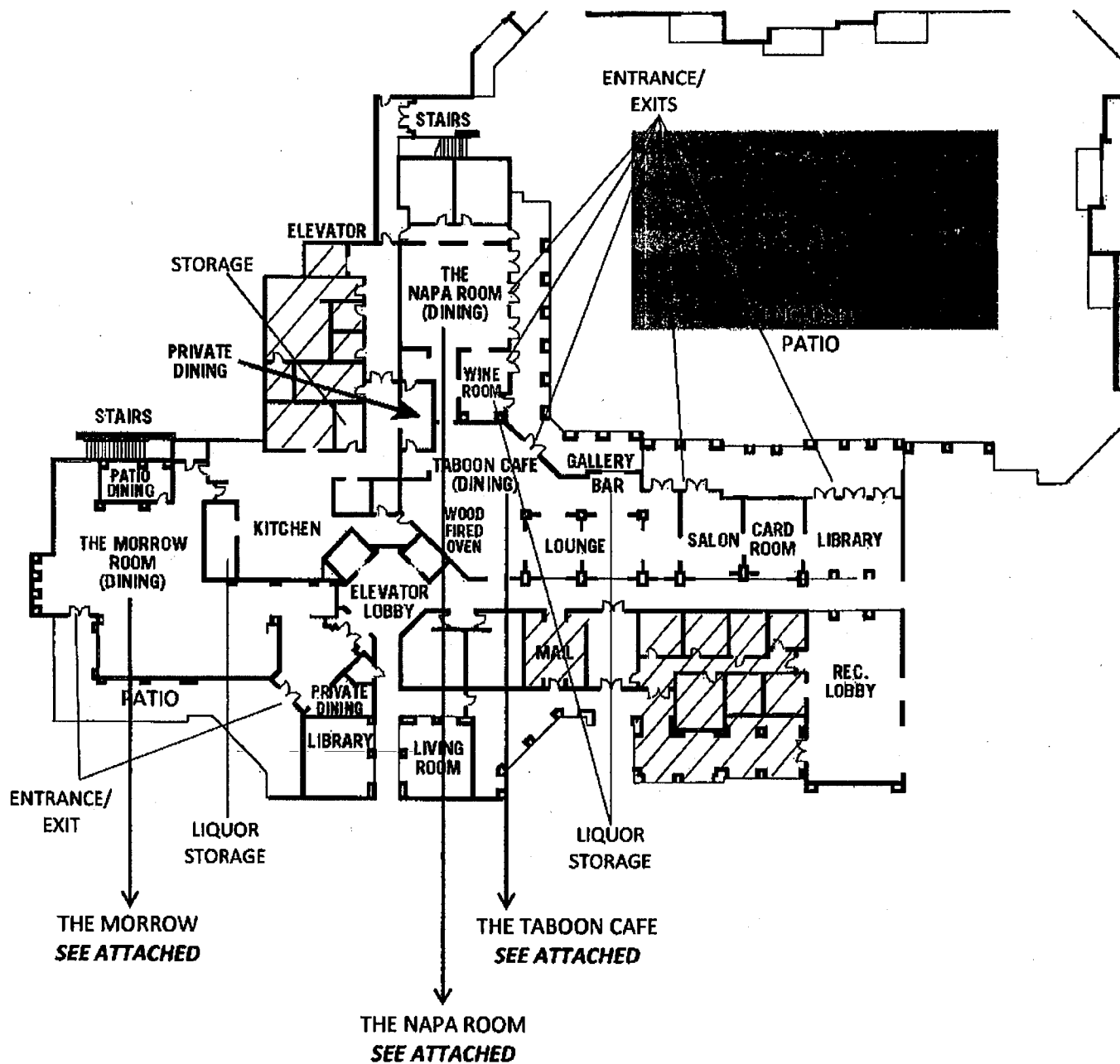


18 JUL 13 Lic. Lic. #11044

THE HACIENDA AT THE CANYON

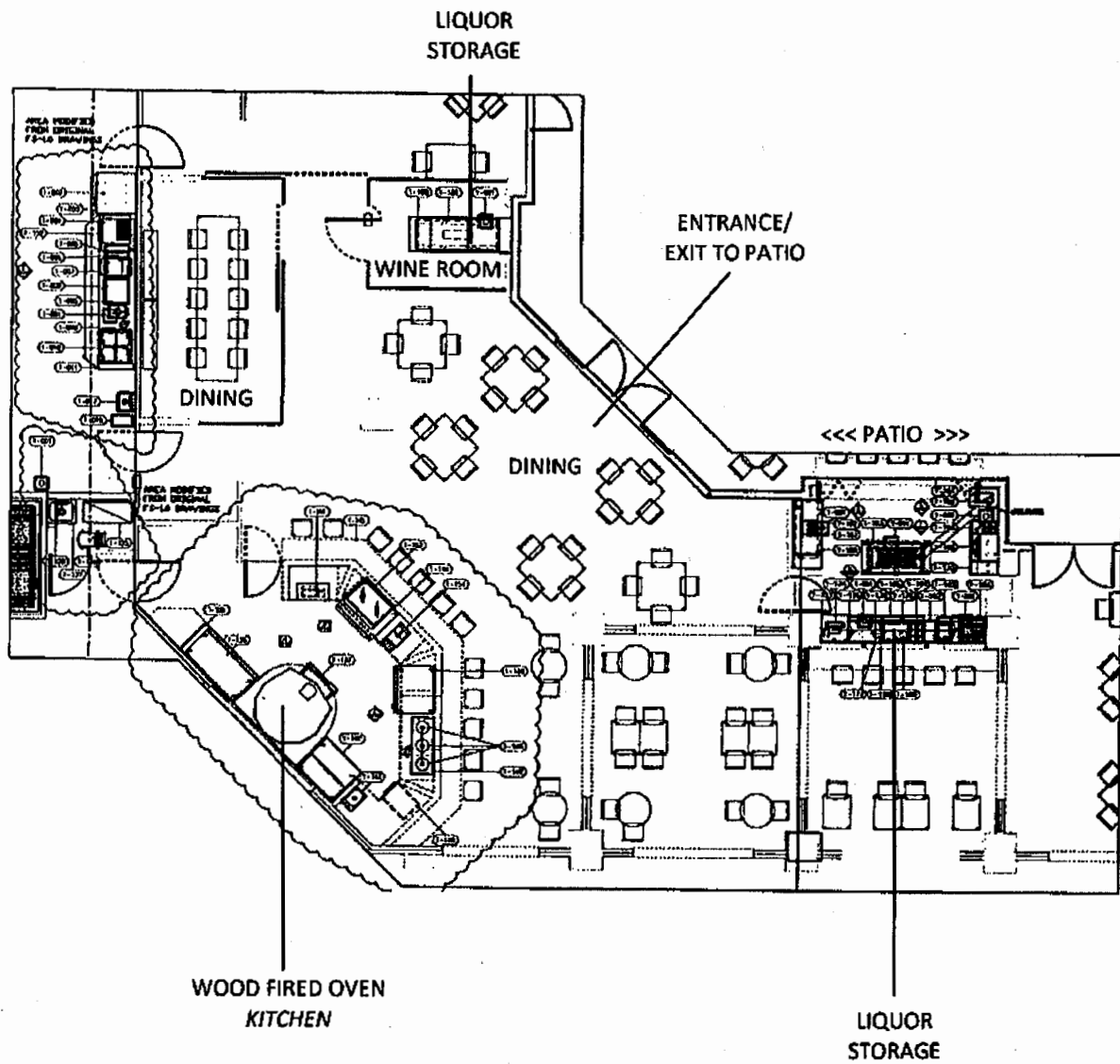
3900 N SABINO CANYON RD 2L

TUCSON, AZ 85750



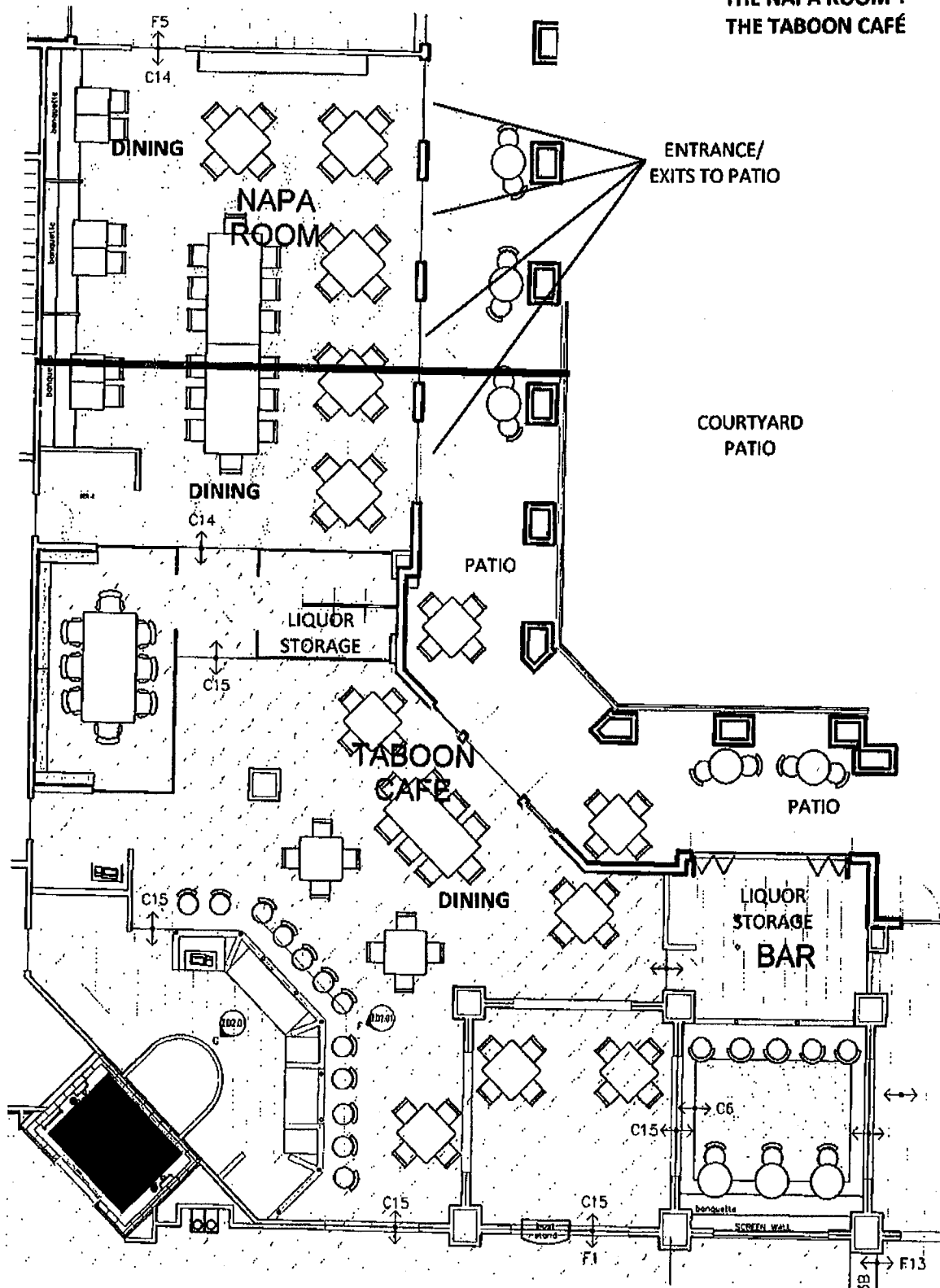
18 JUL 13 1347. Lic. RM10M4

THE TABOON CAFÉ



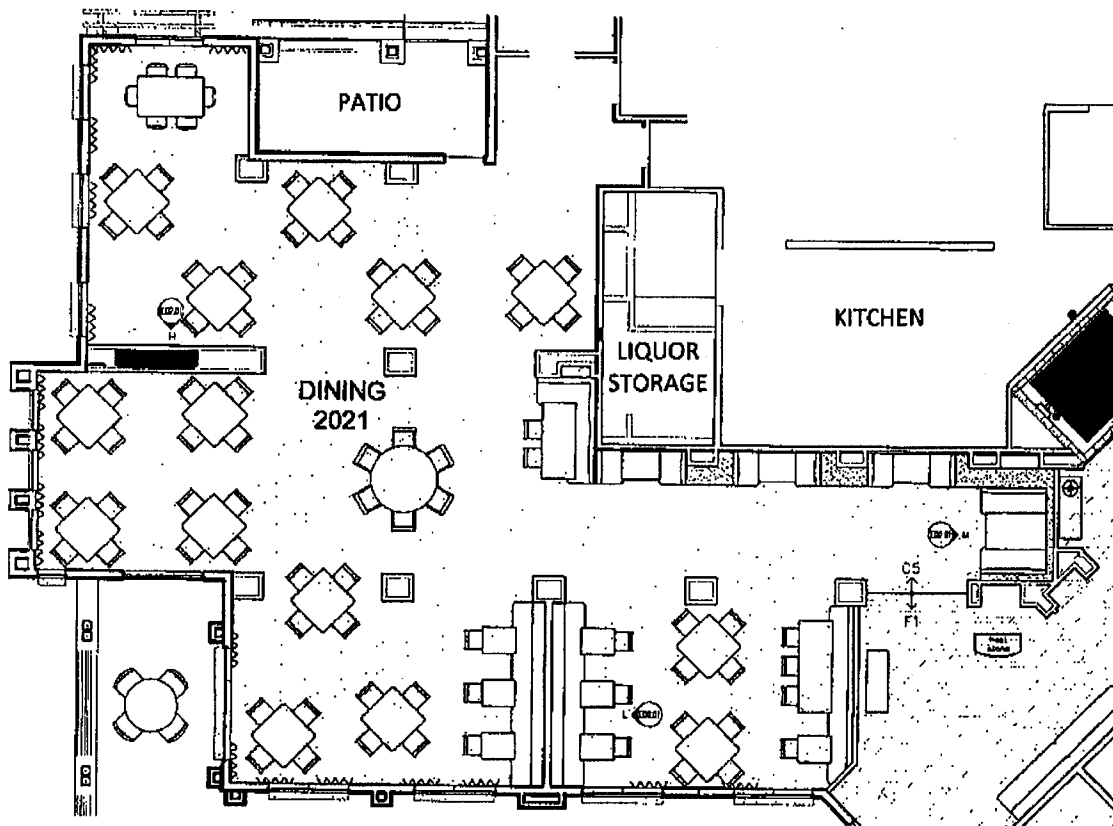
18 JUL 13 Lic. Lic. #M1044

**THE NAPA ROOM +
THE TABOON CAFÉ**



'18 JUL 13 Lic. Lic. #11044

THE MORROW ROOM



<<< PATIO >>>

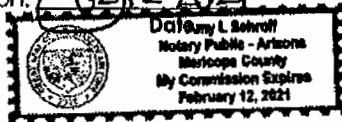
SECTION 14 SIGNATURE BLOCK

NOTARY

I (Print Full Name) ANDREA DAHLMAN LEWKOWITZ hereby declare that I am the Individual Agent, Owner, Or Controlling Person on the stated license and location.

Signature: [Signature] State of ARIZONA County of MARICOPA
The foregoing instrument was acknowledged before me this

My Commission Expires on:



12 Day of JUNE 2018
Day Month Year

[Signature]
Signature of Notary

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

18 JUL 13 Lic. Lic. #11045

RESTAURANT OPERATION PLAN

~~DILE USE ONLY~~ LICENSE #

Job # 25678

1. Name of restaurant (Please print): The Hacienda at the Canyon
2. List by Make, Model, and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:)

Grill	Vulcan #924RX, 24 inch, 54,000 BTUs
Oven	Two (2) Vulcan #VC44GD, 2 deck, shelf, 100,000 BTUs/hour each deck
Freezer	Walk-in, Thermokool # custom, 42 sqft
Refrigerator	Walk-in, Thermokool # custom, 68 sqft
Sink	Advance Tabco #94-83-60-24RL, 3-compartment, Overall 35 inch F/B x 115" L/R
Dish Washing Facilities	Champion Industries #44 DR, high temp, conveyor system, 208 racks per hour
Food Preparation Counter (Dimensions)	Two (2) Advance Tabco #KSS-304, 30' x 48' with 5' Splash
Other	

3. Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
4. List the seating capacity for:
 - a. Restaurant dining area of your premises: [236]
(Do not include patio seating)
 - b. Bar area of your premises: [+ 20]
 - c. Total dining and bar seating capacity of your premises: [= 256]
5. What Type of dinnerware and utensils are utilized within your restaurant?
☒ Reusable ☐ Disposable ☐ Both
6. 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?) 5 %
7. What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 85 %

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.)

4 - Televisions

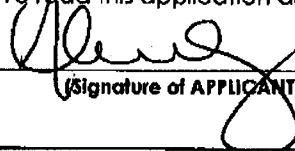
9. Do you have live entertainment or dancing? ☐ YES ☒ No
(If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

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

Position	How many
Cooks	10
Bartenders	3
Hostesses	3
Managers	4
Servers	18
Other (Dishwashers)	5
Other ()	
Other ()	

I, Andrea Dahlman Lewkowitz, 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.

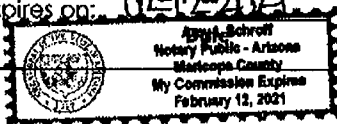
X 
(Signature of APPLICANT)

NOTARY

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this 12 day of July 2018
Day Month Year

My Commission Expires on: 12-12-2021




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

8 JUL 13 Lic. #1045

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).**

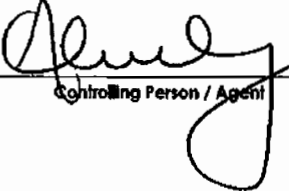
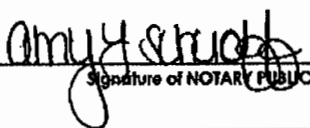

A.R.S. §4-210(A)7

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.

NOTARY	
<p>I, (Print Full Name) <u>Andrea Dahlman Lewkowicz</u>, have read and understand all aspects of this statement</p>	
<p>X (Signature) <u></u></p> <p style="text-align: center; font-size: small;">Controlling Person / Agent</p>	<p>State of <u>Arizona</u> County of <u>Maricopa</u></p> <p style="text-align: center; font-size: small;">the foregoing instrument was acknowledged before me this</p> <p style="text-align: center;"><u>12</u> of <u>July</u> 2018</p> <p style="text-align: center; font-size: small;">Day Month Year</p> <p style="text-align: center;"><u></u></p> <p style="text-align: center; font-size: small;">Signature of NOTARY PUBLIC</p>
<p>My commission expires on: <u>02/12/2021</u></p>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"></div>	

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