



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

April 9, 2019

Theresa June Morse
Longhorn Grill and Saloon
P.O. Box 4822
Tubac, AZ 85646

RE: Arizona Liquor License Job No.: 55961
d.b.a. Longhorn Grill and Saloon

Dear Ms. Morse:

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 March 15, 2019. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, May 7, 2019, 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

AFFIDAVIT OF POSTING

Date of Posting: 03-18-19

Date of Posting Removal: 04-08-19

Applicant's Name: Longhorn Grill and Saloon
Morse Theresa June
Last First Middle

Business Address: 28851 S. Nogales Highway Amado 85645
Street City Zip

License #: 55961

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.

Gregory B. Gorn Process Server 520-203-6320
Print Name of City/County Official Title Phone Number

[Signature] 04-08-19
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.

12:00PM 03/15/19 M03:21

APR 09 19 AM 11:14 PCC/KDF BD



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TO: Development Services, Zoning Division
FROM: Melissa Whitney
Administrative Support Specialist Senior
DATE: 3/15/2019
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Theresa June Morse
d.b.a. Longhorn Grill and Saloon
28851 S. Nogales Highway
Amado, AZ 85645

Arizona Liquor License Job No. 55961
Series 12, Restaurant
New License ☒
Person Transfer
Location Transfer

ZONING REPORT

DATE: 3/18/19

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 ecb_mail@pima.gov

MAR 18 19 08:45 PC CLK OF BD

mw

State of Arizona
Department of Liquor Licenses and Control

Created 03/13/2019 @ 05:05:09 PM

Local Governing Body Report

LICENSE

Number: Type: 012 RESTAURANT
Name: LONGHORN GRILL AND SALOON
State: Pending
Issue Date: Expiration Date:
Original Issue Date:
Location: 28851 S NOGALES HIGHWAY
AMADO, AZ 85645
USA
Mailing Address: PO BOX 4822
TUBAC, AZ 85646
USA
Phone: (480)353-8035
Alt. Phone:
Email: TJMORSE1208@Q.COM

AGENT

Name: THERESA JUNE MORSE
Gender: Female
Correspondence Address: 7150 E 5TH AVENUE
STE 100
SCOTTSDALE, AZ 85251
USA
Phone: (480)353-8035
Alt. Phone:
Email: TJMORSE1208@Q.COM

OWNER

Name: LONGHORN GRILL AND SALOON LLC
Contact Name: THERESA JUNE MORSE
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 1893596 State of Incorporation: AZ
Incorporation Date: 09/01/2018
Correspondence Address: PO BOX 4822
TUBAC, AZ 85646
USA
Phone: (480)353-8035
Alt. Phone:
Email: TJMORSE1208@Q.COM

Officers / Stockholders

Name:
GREGORY TODD HANSEN
AMY LOIS HANSEN

Title:
MEMBER
MEMBER

% Interest:
50.00
50.00

**LONGHORN GRILL AND SALOON LLC -
MEMBER**

Name: GREGORY TODD HANSEN
Gender: Male
Correspondence Address: PO BOX 4822
TUBAC, AZ 85646
USA
Phone: (520)977-4645
Alt. Phone:
Email: GREGHANSEN@COX.NET

**LONGHORN GRILL AND SALOON LLC -
MEMBER**

Name: AMY LOIS HANSEN
Gender: Female
Correspondence Address: PO BOX 4822
TUBAC, AZ 85646
USA
Phone: (520)977-4645
Alt. Phone:
Email: GREGHANSEN@COX.NET

APPLICATION INFORMATION

Application Number: 55961
Application Type: New Application
Created Date: 03/13/2019

QUESTIONS & ANSWERS

012 Restaurant

- 1) If you intend to operate the business while your application is pending you will need an interim permit pursuant to A.R.S. §4-203.01. Would you like to apply for an Interim Permit?
If yes, after completing this application, please go back to your Licensing screen, under New License Application choose "Interim Permit" from the drop-down window.
No
- 2) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes
- 5) Are you a tenant? (A person who holds the lease of a property; a lessee)
No
- 6) Is there a penalty if lease is not fulfilled?
No

- 7) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)
No
- 8) Are you the owner?
Yes
- 9) Are you a purchaser?
No
- 10) Are you a management company?
No
- 11) Is the Business located within the incorporated limits of the city or town of which it is located?
No
If no, in what City, Town, County or Tribal/Indian Community is this business located?
PIMA COUNTY
- 12) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
AL GOURLEY 2866 CARROLL CREEK RD. JOHNSON CITY, TN 37615 \$191,000.00
- 13) Have you provided a diagram of your premises?
Yes
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
CONTINUOUS
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
MARCH 15, 2019
- 17) Have you provided a Restaurant Operation Plan form?
Yes
- 18) Have you provided a Records Required for Audit form?
Yes

12G Restaurant Growler

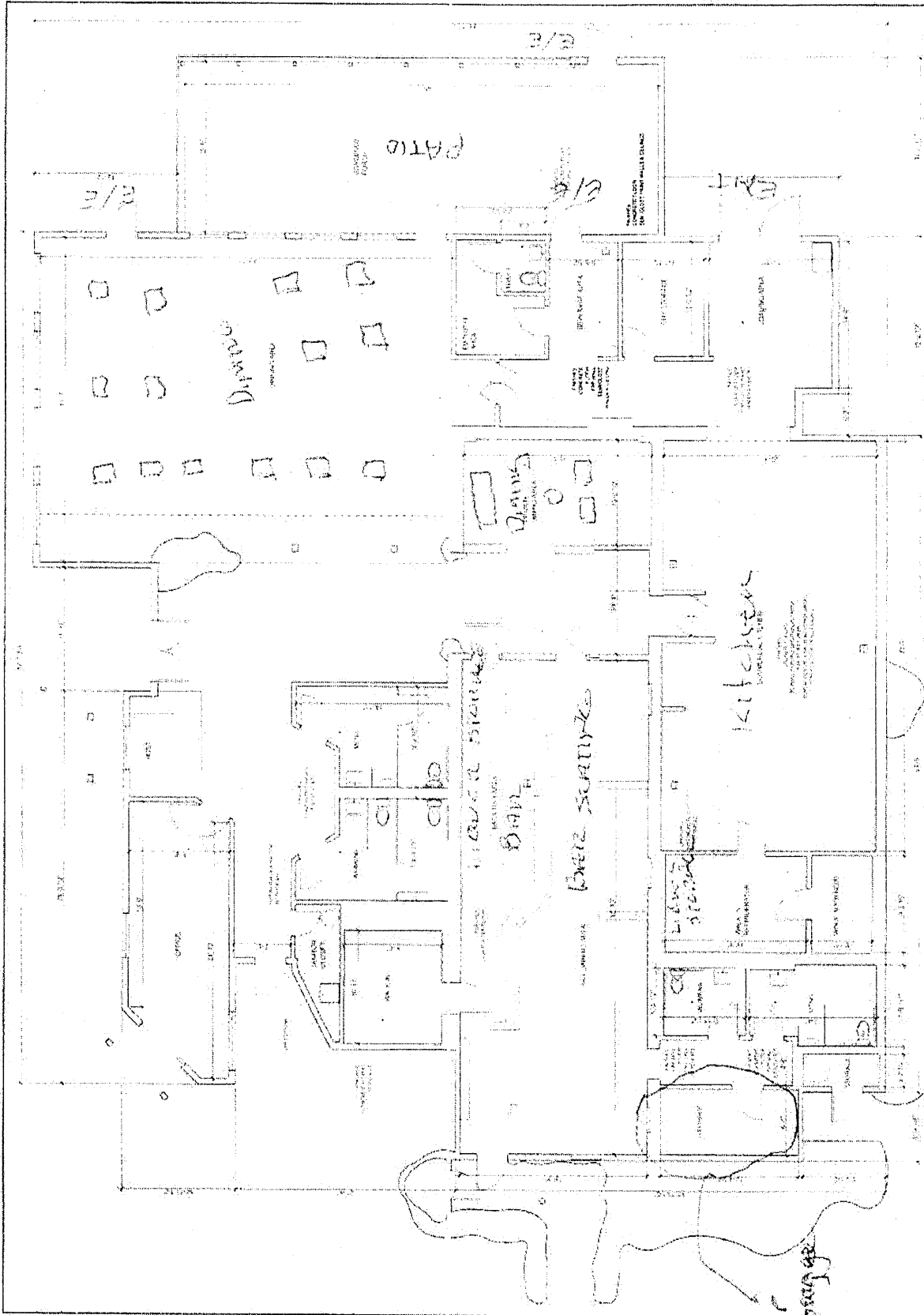
- 1) Have you uploaded a Growler application?
To obtain a Growler application copy and paste this link into your browser:
http://www.azliquor.gov/forms/lic_12GrowlerApplication.pdf
Yes
A Document of type GROWLER APPLICATION is required.
- 2) Please provide name, address, and Distance of nearest school.
PARAMOUNT CHARTER SCHOOL 275 W CONTINENTAL RD GREEN VALLEY, AZ
85614 .10MILES
- 3) Please provide name, address, and distance of nearest church.
OUR LADY OF THE VALLEY PARISH 505 N LA CANADA DR GREEN VALLEY, AZ
85614 .11 MILES

19 MAR 13 Ltr. Lic. PM 4 51

LONGHORN GRILL
28851 S Nogales Hwy
Amado, AZ 85645

A100

4,800 sqft





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

19 MAR 13 10:41 AM 451

RESTAURANT OPERATION PLAN

DLIC USE ONLY LICENSE #

55961

1. Name of restaurant (Please print): LONGHORN GRILL AND SALOON
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 VCRB25
Oven	VULCAN SX36-6BN
Freezer	EVEREST EBF1
Refrigerator	TRUE T49
Sink	REGENCY TRIPLE SINK, PREP, AND HAND SINKS
Dish Washing Facilities	JACKSON
Food Preparation Counter (Dimensions)	96" X 29"
Other	SODA FTN, TEA/COFFEE MAKER, BLENDER

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: [110]
(Do not include patio seating)
- b. Bar area of your premises: [+46]
- c. Total dining and bar seating capacity of your premises: [= 156]
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?) 33 %
7. What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 67 %

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.)

2 TELEVISIONS

1 JUKEBOX

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.)

KARAOKE ONCE A WEEK

LIVE MUSIC TWICE A MONTH

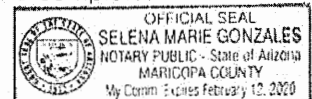
10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	7
Bartenders	4
Hostesses	4
Managers	2 (OWNERS)
Servers	16
Other (BUSSER)	4
Other (BACK HOUSE)	4
Other (FOOD RUNNERS)	2

I, THERESA JUNE MORSE, 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]
(Signature of APPLICANT)



NOTARY

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 4 day of March 2019
Day Month Year

My Commission Expires on: 2-12-2020
Date

[Signature]
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

19 MAR 13 11:41 AM

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).**

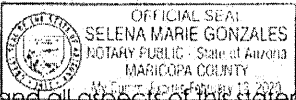


A.R.S. §4-210(A)7

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		
THERESA JUNE MORSE		
I, (Print Full Name) _____,		have read and understand all aspects of this statement
X (Signature) 	State of <u>Arizona</u> County of <u>Maricopa</u>	
Controlling Person / Agent		the foregoing instrument was acknowledged before me this
		<u>4</u> of <u>March</u> <u>2019</u>
		Day Month Year
My commission expires on: <u>2-12-2020</u>		 Signature of NOTARY PUBLIC

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