



# Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> 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

May 8, 2019

April Santangelo McMahon  
Saguaro Corners  
62 N. Camino Imagen  
Tucson, AZ 85748

RE: Arizona Liquor License Job No.: 60068  
d.b.a. Saguaro Corners

Dear Ms. McMahon:

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 April 9, 2019. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, May 21, 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: 4/15/19 Date of Posting Removal: 5/7/19

Applicant's Name: Saguaro Corners  
McMahon April Santangelo  
Last First Middle

Business Address: 3750 S. Old Spanish Trail Tucson 85730  
Street City Zip

License #: 60068

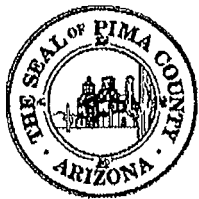
I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

M. Powell PROCESS SERVER 351-6000  
Print Name of City/County Official Title Phone Number

M. Powell 5/7/19  
Signature Date Signed

MAY 08 19 08 26 PCC CLK OF HD

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  
Administrative Support Specialist Senior

DATE: 4/9/2019

RE: Zoning Report - Application for Liquor License

Attached is the application of:

April Santangelo McMahon  
d.b.a. Saguro Corners  
3750 S. Old Spanish Trail  
Tucson, AZ 85730

Arizona Liquor License Job No. 60068  
Series 12, Restaurant  
New License ☒  
Person Transfer  
Location Transfer

ZONING REPORT

DATE: 4/10/19

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 cob\_mail@pima.gov

APR 10 19 09 55 PCD KDF HD

● 19-10-9357 ●

State of Arizona  
Department of Liquor Licenses and Control

Created 04/05/2019 @ 03:28:41 PM

Local Governing Body Report

**LICENSE**

Number: Type: 012 RESTAURANT  
Name: SAGUARO CORNERS  
State: Pending  
Issue Date: Expiration Date:  
Original Issue Date:  
Location: 3750 S OLD SPANISH TRAIL  
TUCSON, AZ 85730  
USA  
Mailing Address: 62 N CAMINO IMAGEN  
TUCSON, AZ 85748  
USA  
Phone: (520)885-2020  
Alt. Phone: (520)310-3182  
Email: ABARLIQUORLICENSING@GMAIL.COM

**AGENT**

Name: APRIL SANTANGELO MCMAHON  
Gender: Female  
Correspondence Address: 62 N CAMINO IMAGEN  
TUCSON, AZ 85748  
USA  
Phone: (520)310-3182  
Alt. Phone:  
Email: ABARLIQUORLICENSING@GMAIL.COM

**OWNER**

Name: RINCON MOUNTAIN HOSPITALITY LLC  
Contact Name: APRIL SANTANGELO MCMAHON  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 1921498 State of Incorporation: AZ  
Incorporation Date: 11/28/2018  
Correspondence Address: 62 N CAMINO IMAGEN  
TUCSON, AZ 85748  
USA  
Phone: (520)310-3182  
Alt. Phone:  
Email: ABARLIQUORLICENSING@GMAIL.COM

**Officers / Stockholders**

Name: Title: % Interest:

APR 05 19 11:01 PM CLK OF BD

**RINCON MOUNTAIN HOSPITALITY LLC -  
MEMBER**

Name: DAVID CHRISTOPHER MUSSO  
Gender: Male  
Correspondence Address: 62 N CAMINO IMAGEN  
TUCSON, AZ 85748  
USA  
Phone: (520)886-2020  
Alt. Phone: (520)445-1998  
Email: FLAVORDAVE.RMH@GMAIL.COM

**APPLICATION INFORMATION**

Application Number: 60068  
Application Type: New Application  
Created Date: 04/05/2019

**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)  
Yes  
A Document of type LEASE is required.
- 6) Is there a penalty if lease is not fulfilled?  
Yes  
What is the penalty?  
STATUTORY REMEDIES PURSUANT TO A.R.S TITLE 33 INCLUDING FORCIBLE ENTRY AND DEDETAINER
- 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?  
No
- 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.  
ZERO
- 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.  
CONTIGUOUS
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No
- 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](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.  
SECRIST MIDDLE SCHOOL 3400 S HOUGHTON RD TUCSON, AZ 85730 2.0 MILES
- 3) Please provide name, address, and distance of nearest church.  
OLD SPANISH TRAIL CHURCH OF CHRIST 11795 E OLD SPANISH TRAIL TUCSON, AZ 85730 2,458 FT

9,345 total  
sq Ft

OWNER TO PROVIDE VERIFICATION THAT  
FIRE ALARM SYSTEM IS IN WORKING CONDITION

DOOR SCHEDULE				REVISIONS		NOTES	
NO.	DESCRIPTION	DATE	BY	NO.	DESCRIPTION	DATE	BY
1	DOOR 101	10/10/10	ABC	1	DOOR 101	10/10/10	ABC
2	DOOR 102	10/10/10	ABC	2	DOOR 102	10/10/10	ABC
3	DOOR 103	10/10/10	ABC	3	DOOR 103	10/10/10	ABC
4	DOOR 104	10/10/10	ABC	4	DOOR 104	10/10/10	ABC
5	DOOR 105	10/10/10	ABC	5	DOOR 105	10/10/10	ABC
6	DOOR 106	10/10/10	ABC	6	DOOR 106	10/10/10	ABC
7	DOOR 107	10/10/10	ABC	7	DOOR 107	10/10/10	ABC
8	DOOR 108	10/10/10	ABC	8	DOOR 108	10/10/10	ABC
9	DOOR 109	10/10/10	ABC	9	DOOR 109	10/10/10	ABC
10	DOOR 110	10/10/10	ABC	10	DOOR 110	10/10/10	ABC

# WINDOW SCHEDULE™

A Storage

Emergency E/F

(U.S. 100)

291

SECRET  
UNCLASSIFIED  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

1 38' Retaining  
3' high Wall


[illegible]

1941 NOV 10 11 55 AM  
 RECEIVED  
 U.S. DEPT. OF JUSTICE  
 DIVISION OF INVESTIGATION  
 WASHINGTON, D. C.

TOTAL FOR EXIT = 49

# FLOOR PLAN

2013-12-10

	<b>VVC DESIGN</b> ARCHITECT 1900 W. SAGINAW ST. LANSING, MI 48202-1406	A 2 10/1/87
CORNERS OF HOUSE AT SAGINAW CORNERS	10/1/87	10/1/87

Bar area  
big storage

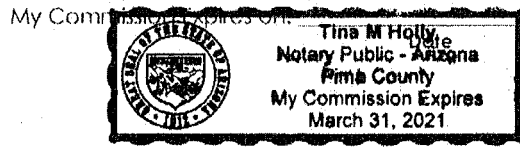
ROOM FINISH SCHEDULE									
ROOM NAME	DATE	TIME	ROOM	TIME	DATE	ROOM	TIME	DATE	
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ROOM 100	10/10/10	10:00	ROOM 100	10:00	10/10/10	ROOM 100	10:00	10/10/10	

SECTION 14 SIGNATURE BLOCK

NOTARY

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

Signature: *April Santangelo McMahon* State of Arizona County of Pima  
The foregoing instrument was acknowledged before me this



13TH Day of MARCH, 2019  
Day Month Year  
*Tina M. Holly*  
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.





19 APR 5 11:14 AM '00

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

DLLC USE ONLY

Job #:

60068

RESTAURANT OPERATION PLAN

1. Name of restaurant (Please print):  
Saguaro Corners
2. List equipment below by Make, Model, and Capacity : (PROVIDE THE FOLLOWING ITEMS ONLY, NO ATTACHMENTS)

Grill	Turbo Air TARB 24"
Oven	American Range AR726 (2)
Freezer	TRVE TG1F-15 - 31 cubic feet
Refrigerator	Everest ESR 48"/Continental 5sw 72"/Atosa MSF 83-60"
Sink	3 compartment/prep sink/ 4 hand sink
Dish Washing Facilities	Auto Chlor A4 Dishwasher
Food Preparation Counter (Dimensions)	72' x 32"
Other	Walk-In 65"x135" fridge

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: [ 68 ]  
(Do not include patio seating)
  - b. Bar area of your premises: [ + 20 ]
  - c. Total dining and bar seating capacity of your premises: [= 88 ]
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?) 20 %
7. What percentage of your public premises is used primarily for restaurant dining?  
(Do not include kitchen, bar, hi-top tables, or game area.) 80 %

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.)

3 Large Screen HD TV's

9. Do you have live entertainment or dancing? ☒ YES ☐ No  
(If yes, what type and how often 8.5

example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

Live Bands/Solo Artist 5 days/wk

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

Position	How many
Cooks	11
Barenders	4
Hostesses	5
Managers	4
Servers	8
Other ( dishwasher )	4
Other ( )	
Other ( )	

I, April Santangelo McMahon, hereby declare that I am the APPLICANT filing this application.  
I have read this application and the contents and all statements true, correct and complete.

x April Santangelo McMahon  
(Signature of APPLICANT)

**NOTARY**

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 13<sup>TH</sup> day of MARCH 2019  
Day Month Year

My Commission Expires



Tina M Holly  
Notary Public - Arizona  
Pima County  
My Commission Expires  
March 31, 2021

Tina M. Holly  
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 APR 5 10 41 AM '09

**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).**


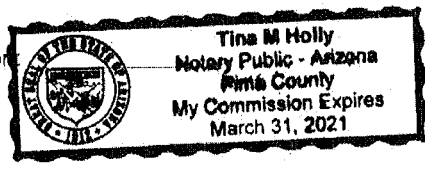
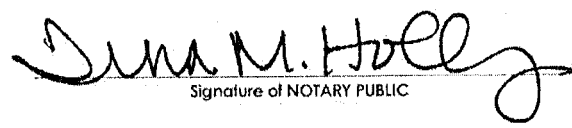
**A.R.S. §4-210(A)7**

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	
I, (Print Full Name) <u>April Santangelo McMahon</u> , have read and understand all aspects of this statement	
X (Signature) <u></u> Controlling Person / Agent	State of <u>Arizona</u> County of <u>Pima</u> the foregoing instrument was acknowledged before me this
My commission expires on	13 <sup>TH</sup> of MARCH 2019 Day Month Year
	<u></u> Signature of NOTARY PUBLIC

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