

# 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

June 13, 2019

Thomas Robert Aguilera  
Tanque Verde Swap Meet  
2810 N. Swan Road #150  
Tucson, AZ 85712

RE: Arizona Liquor License Job No.: 64041  
d.b.a. Tanque Verde Swap Meet

Dear Mr. Aguilera:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 7, Beer and Wine Bar, which was received in our office on May 21, 2019. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, July 2, 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

JUN 13 19 48 PM '19  
AFB

**AFFIDAVIT OF POSTING**

Date of Posting: 05-22-19

Date of Posting Removal: 06-12-19

Applicant's Name: **Tanque Verde Swap Meet**  
**Aguilera** **Thomas** **Robert**  
Last First Middle

Business Address: **4100 S. Palo Verde Road** **Tucson** **85714**  
Street City Zip

License #: **64041**

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.

Gray Corra Process Server 520-203-6320  
Print Name of City/County Official Title Phone Number

[Signature] 06-12-19  
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.



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1640 East Benson Highway  
Tucson, Arizona 85714  
Phone: (520) 351-8454 • Fax: (520) 791-6666

TO: Development Services, Zoning Division

FROM: Katrina Martinez  
Administrative Specialist

DATE: May 21, 2019

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Thomas Robert Agullera  
d.b.a. Tanque Verde Swap Meet  
4100 S. Palo Verde Road  
Tucson, AZ 85714

Arizona Liquor License Job No. 64041  
Series 7, Beer and Wine Bar  
New License  
Person Transfer ☒  
Location Transfer

ZONING REPORT

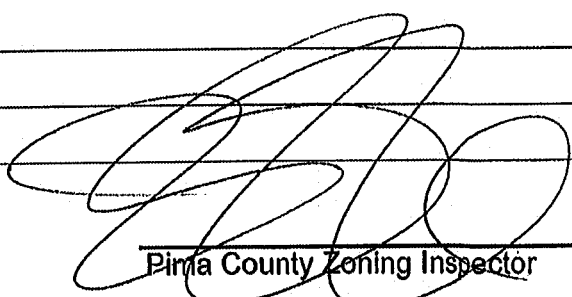
DATE: 5/22/19

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](mailto:cob_mail@pima.gov)

MAY 22 19 08 55 PCD KCF RD

AGS

● 19-16-9363 ●

**State of Arizona  
Department of Liquor Licenses and Control**

Created 05/20/2019 @ 01:28:54 PM

**Local Governing Body Report**

**LICENSE**

Number:	07101003	Type:	007 BEER AND WINE BAR
Name:	TANQUE VERDE SWAP MEET		
State:	Pending		
Issue Date:		Expiration Date:	09/30/2019
Original Issue Date:	09/29/1988		
Location:	4100 S PALO VERDE ROAD TUCSON, AZ 85714 USA		
Mailing Address:	2810 N SWAN ROAD #150 TUCSON, AZ 85712 USA		
Phone:	(520)294-4252		
Alt. Phone:	(520)622-1557		
Email:	THOMAS@AGUILERALAWGROUP.COM		

Currently, this license has pending applications.

**AGENT**

Name:	THOMAS ROBERT AGUILERA
Gender:	Male
Correspondence Address:	2810 N SWAN ROAD #150 TUCSON, AZ 85705 USA
Phone:	(623)234-9944
Alt. Phone:	
Email:	THOMAS@AGUILERALAWGROUP.COM

**OWNER**

Name: TVFM OPCO LLC  
Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 1977179 State of Incorporation: DE  
Incorporation Date: 04/03/2019  
Correspondence Address: 2810 N SWAN ROAD  
#150  
TUCSON, AZ 85712  
USA  
Phone: (520)622-1557  
Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
TVFM HOLDINGS LLC	MEMBER	100.00

**TVFM OPCO LLC - MEMBER**

Name: TVFM HOLDINGS LLC  
Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 2810 N SWAN ROAD  
#150  
TUCSON, AZ 85712  
USA  
Phone: (520)622-1557  
Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

**TVFM HOLDINGS LLC - MEMBER**

Name: UNITED FLEA MARKETS II LLC  
Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 2810 N SWAN ROAD  
#150  
TUCSON, AZ 85712  
USA  
Phone: (520)622-1557  
Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

### **UNITED FLEA MARKETS II LLC - MEMBER**

Name: DELOS UFM HOLDINGS LLC  
Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 2810 N SWAN ROAD  
#150  
TUCSON, AZ 85712  
USA  
Phone: (520)622-1557  
Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

### **UNITED FLEA MARKETS II LLC - Managing Member**

Name: ON WARD LLC  
Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 2810 N SWAN ROAD  
#150  
TUCSON, AZ 85712  
USA  
Phone: (520)622-1557  
Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

### **DELOS UFM HOLDINGS LLC - President, Managing Member**

Name: MATTHEW CONSTANTINO  
Gender: Male  
Correspondence Address: 2810 N SWAN ROAD  
#150  
TUCSON, AZ 85712  
USA  
Phone: (520)294-4252  
Alt. Phone:  
Email:

### **ON WARD LLC - Managing Member**

Name: ROBERT BERNARD SIEBAN JR  
Gender: Male  
Correspondence Address: 2810 N SWAN ROAD  
#150  
TUCSON, AZ 85712  
USA  
Phone: (520)294-4252  
Alt. Phone: (415)577-4463  
Email: RSIEBAN@UNITEDFLEAMARKETS.COM

## APPLICATION INFORMATION

Application Number: 64041  
Application Type: Owner Transfer  
Created Date: ~~05/03/2019~~ 5/20/19 SG

## QUESTIONS & ANSWERS

### 007 Beer and Wine Bar

- 1) If you intend to operate 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?  
Yes  
A Document of type INTERIM PERMIT is required.
- 4) 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) Is the Business located within the incorporated limits of the city or town of which it is located?  
No
- 6) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  
Yes  
If Yes, what City, Town or Tribal Reservation is this Business located in?  
Pima County
- 15) Please provide name, address, and Distance of nearest school.  
Utterback Middle School  
3233 S. Pinal Vista, Tucson, AZ 85713  
5,148 feet
- 16) Please provide name, address, and distance of nearest church.  
Door Church  
2950 E. Irvington Rd., Tucson, AZ 85714  
3,780 feet
- 17) Are you a tenant? (A person who holds the lease of a property; a lessee)  
Yes  
A Document of type SUPPLEMENTAL INFO is required.
- 18) Is there a penalty if lease is not fulfilled?  
Yes  
What is the penalty?  
Landlord lockout
- 19) 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
- 20) Are you the owner  
No
- 21) Are you a purchaser?  
No
- 22) Are you a management company?  
No
- 23) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
None, capital contribution
- 24) Is there a drive through window on the premises?  
No

- 25) Have you provided a diagram of your premises?  
Yes
- 26) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
No
- 27) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
SUPPLEMENTAL INFO	Affidavit.pdf	05/03/2019
ALIEN STATUS	Aguilera Q ASF DL.pdf	05/03/2019
QUESTIONNAIRE	Aguilera Q ASF DL.pdf	05/03/2019
BILL OF SALE	Bill of Sale.pdf	05/03/2019
DIAGRAM/FLOOR PLAN	Foor Plan.pdf	05/03/2019
QUESTIONNAIRE	Newman Mgr Q & Training Certs.pdf	05/03/2019
INTERIM PERMIT	Section 5.pdf	05/03/2019
SUPPLEMENTAL INFO	Section 9 ex.pdf	05/03/2019
QUESTIONNAIRE	Sieban Jr. Q.pdf	05/03/2019
SUPPLEMENTAL INFO	TVFM OPCO, LLC-Flow Chart.pdf	05/03/2019



IP

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 05/20/2019 @ 01:27:21 PM

Local Governing Body Report

**LICENSE**

Number:	INP100006524	Type:	INP INTERIM PERMIT
Name:	TANQUE VERDE SWAP MEET		
State:	Active		
Issue Date:	05/20/2019	Expiration Date:	09/02/2019
Original Issue Date:	05/20/2019		
Location:	4100 S PALO VERDE ROAD TUCSON, AZ 85714 USA		
Mailing Address:	2810 N SWAN ROAD #150 TUCSON, AZ 85712 USA		
Phone:	(520)294-4252		
Alt. Phone:	(520)622-1557		
Email:	THOMAS@AGUILERALAWGROUP.COM		

**AGENT**

Name:	THOMAS ROBERT AGUILERA
Gender:	Male
Correspondence Address:	2810 N SWAN ROAD #150 TUCSON, AZ 85705 USA
Phone:	(623)234-9944
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**OWNER**

Name: TVFM OPCO LLC  
Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 1977179 State of Incorporation: DE  
Incorporation Date: 04/03/2019  
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TUCSON, AZ 85712  
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Phone: (520)622-1557  
Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

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Name:	Title:	% Interest:
TVFM HOLDINGS LLC	MEMBER	100.00

**TVFM OPCO LLC - MEMBER**

Name: TVFM HOLDINGS LLC  
Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 2810 N SWAN ROAD  
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Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

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Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation:  
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Phone: (520)622-1557  
Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

**UNITED FLEA MARKETS II LLC - MEMBER**

Name: DELOS UFM HOLDINGS LLC  
Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation:  
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TUCSON, AZ 85712  
USA  
Phone: (520)622-1557  
Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

**UNITED FLEA MARKETS II LLC - Managing  
Member**

Name: ON WARD LLC  
Contact Name: THOMAS ROBERT AGUILERA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation:  
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#150  
TUCSON, AZ 85712  
USA  
Phone: (520)622-1557  
Alt. Phone:  
Email: THOMAS@AGUILERALAWGROUP.COM

**DELOS UFM HOLDINGS LLC - President,  
Managing Member**

Name: MATTHEW CONSTANTINO  
Gender: Male  
Correspondence Address: 2810 N SWAN ROAD  
#150  
TUCSON, AZ 85712  
USA  
Phone: (520)294-4252  
Alt. Phone:  
Email:

**ON WARD LLC - Managing Member**

Name: ROBERT BERNARD SIEBAN JR  
Gender: Male  
Correspondence Address: 2810 N SWAN ROAD  
#150  
TUCSON, AZ 85712  
USA  
Phone: (520)294-4252  
Alt. Phone: (415)577-4463  
Email: RSIEBAN@UNITEDFLEAMARKETS.COM

## APPLICATION INFORMATION

Application Number: 64044  
Application Type: New Application  
Created Date: ~~05/03/2019~~ 5/20/19 SC

## QUESTIONS & ANSWERS

### INP Interim Permit

- 1) Enter License Number currently at location  
07101003
- 2) Is the license currently in use?  
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?  
Yes  
A Document of type INTERIM NOTARY PAGE is required.

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
INTERIM NOTARY PAGE	Section 5.pdf	05/03/2019

19 MAY 20 11:47 AM 1 29

### 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: 07101003
2. Is the license currently in use? ☒ Yes ☐ No If no, how long has it been out of use? \_\_\_\_\_

### NOTARY

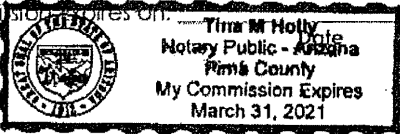
I (Print Full Name) Kevin Arnold Kramber hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.

Signature: \_\_\_\_\_

State of ARIZONA County of PIMA  
The foregoing instrument was acknowledged before me this

3RD Day of MAY, 2019  
Day Month Year

My Commission Expires on: \_\_\_\_\_



Tina M. Holly  
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: \_\_\_\_\_ State where Incorporated/Organized: \_\_\_\_\_
- b) AZ Corporation or AZ L.L.C. File No: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_

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

(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.

TIVEM OPSCO, LLC

+

TIVEM HOLDINGS,

LLC  
(mem - 100%).

+

UNITED FINE  
MARKETS II, LLC  
(mem - 100%).

+

NO ONE ELSE  
OWNS 10%  
OR MORE

+

ONWARD, LLC  
(mem/mem - 100%).

DELOS VEM  
HOLDINGS, LLC  
(mem - 89.08%).

+

NO ONE  
ELSE OWNS 10%  
OR MORE

+

MATTHEO  
CONSTANTINO  
(PRES/MEM - 1%).

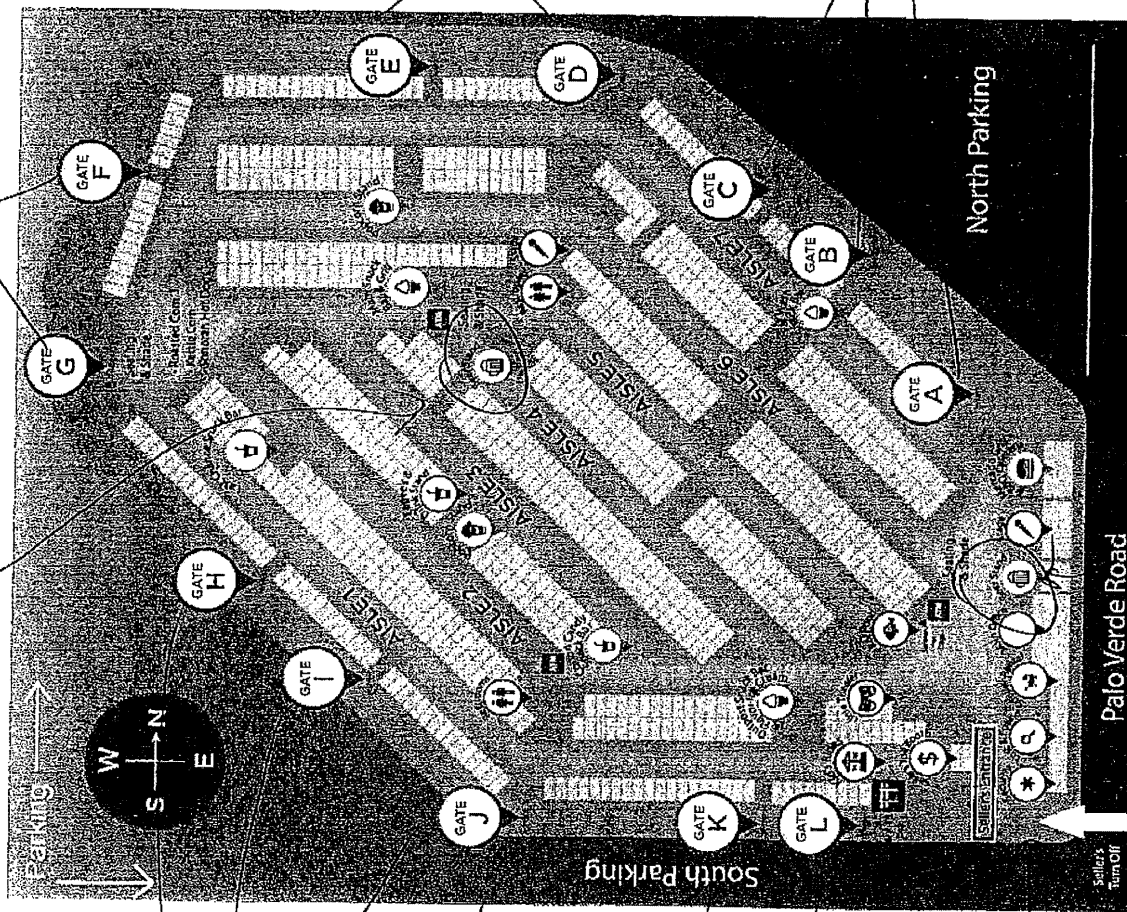
+

ROBERT SIEBACH JR.  
(mem/mem - 100%).

19 MAY 20 Lit. Lic. PM 1:00

- Approx. 25 Acres
- Fully Enclosed w/ 5' chain link Fencing

LIQUOR STORAGE



# Tanque Verde Auction Meet

## HOURS/SELLING SESSIONS

Thursday (Optional Seller Set-up)  
3:00 pm - 11:00 pm  
Friday 3:00 pm - 11:00 pm  
Saturday 7:00 am - 3:00 pm



19 MAY 20 11:41 PM 130

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

APPLICANT/CONTROLLING PERSON AFFIDAVIT

TO BE COMPLETED BY THE ORGANIZATION'S PRESIDENT.

IF THIS IS A CLUB, PARTNERSHIP, OR OTHER TYPE OF ORGANIZATION, A SIGNATURE OF EQUAL LEVEL IS REQUIRED.

Organization: TVFM OPLD, LLC  
Affidavit of: ROBERT BERNARD SIEBAN, JR.  
Position/Title: MANAGER MEMBER  
State of: ARIZONA AZ Corp./L.L.C. #: 1977179  
County of: MARICOPA State Incorporated: DELAWARE

The undersigned, (Print Full Name) ROBERT BERNARD SIEBAN, JR Declares:

1. In connection with this organization's application to obtain a liquor license for our operation(s) in Arizona have complete and delivered to the Arizona Department of Liquor Licenses and Control the required questionnaire and fingerprint card.
2. The required questionnaires and fingerprint cards of all officers, directors, regional managers, manage members, partners, etc., who direct or are involved in the direction of the management of the policies involving spirituous liquor in the State of Arizona; and all stockholders who own ten percent (10%) or more of the corporation or limited liability company have also been completed and delivered to the Arizona Department of Liquor Licenses and Control.

Name and title of such individuals are as follows (or list attached):

- 1) ROBERT BERNARD SIEBAN, JR
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

3. There are, in addition to those submitting questionnaires and fingerprint cards, other officers, limited liability members, and/or board members of this organization who are not submitting such information to the Arizona Department of Liquor Licenses and Control. None of these individuals directs or is involved in the direction of the management of policies of this organization involving spirituous liquor in the State of Arizona.

Such members and positions, along with date and place of birth, are as follows (or list attached):

- 1) MATTHEW CONSTANTINO D.OB 2/2/73 P.OB QUINCY, MA
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

4. Finally, on information and belief, none of the individuals listed under item #3 have at any time been convicted of a felony, had a liquor license revoked, or violated any provisions of a liquor license issued to that member.

I, (Print Full Name) ROBERT BERNARD SIEBAN, JR hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: Robert Bernard Sieban