

Pima County Clerk of the Board

Julie Castañeda

Administration Division
130 W. Congress, 1st 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

September 15, 2021

Joshua Cain Bishop Wildfire Wing Company 969 W. Hesperaloe Court Oro Valley, AZ 85755

RE:

Arizona Liquor License Job No.: 143990

d.b.a. Wildfire Wing Company

Dear Mr. Bishop:

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 August 19, 2021. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, October 5, 2021, at 9:00 a.m. or thereafter, and will be held virtually.

You may attend this hearing virtually by calling this office to request remote access.

Should you have any questions pertaining to this matter, please contact this office at (520)724-8449.

Sincerely,

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: 8-25-21	Date of Posting Removal:	9-14	-202	
Wildfire Wing Company Applicant's Name: Bishop	Joshua First		Cain ੂੰ	 e
Business Address: 15318 N. Oracle Road No. 180	······	Tucson	85739	
Street License #: 143990		City	Zip i	
I hereby certify that pursuant to A.R.S. 4-201, I posted notice in	a conspicuous place on th	e premises propos		
licensed by the above applicant and said notice was posted BRIAN J. RUTLEDGE				
Print Name of City/County Official	Title	Pho	ne Number	
B			4-202 te Signed	
(<u>Sig</u> naturé		μα	ire signea	

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.



Melissa Manriquez Deputy Clerk

Pima County Clerk of the Board

Julie Castañeda

Administration Division 130 W. Congress, 1st 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

TO:	Development Services, Zoning Division			
FROM:	Jessica Kopfmann Administrative Support Specialist Senior			
DATE:	8/19/2021			
RE:	Zoning Report - Application for Liquor License			
Attached is	the application of:			
15318 N. Or Tucson, AZ	re Wing Company racle Road No. 180 85739 uor License Job No. <u>143990</u> Restaurant e X			
ZONING RE	PORT DATE: A CONTROL OF THE PORT			
Will current	zoning regulations permit the issuance of the license at this location?			
Yes 🔲	No 🗆			
If No, please	e explain:			
	· ·			
	Pima County Zaning Inspector			

CEVZIMOSI PO KAT IN LA

When complete, please return to cob mail@pima.gov

ak Bamadaraka III 🥦

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

Created 08/14/2021 @ 11:08:30 AM

Local Governing Body Report

LICENSE

Number:

Type:

012 RESTAURANT

Name:

WILDFIRE WING COMPANY

State:

Pending

Issue Date:

Expiration Date:

Original Issue Date:

Location:

15318 N ORACLE ROAD

#180

TUCSON, AZ 85739

USA

Mailing Address:

969 W HESPERALOE COURT

ORO VALLEY, AZ 85755

USA

Phone:

(520)222-6762 (480)888-6382

Alt. Phone: Email:

JOSH@WILDFIREWINGCOMPANY.COM

AGENT

Name:

JOSHUA CAIN BISHOP

Gender:

Male

Correspondence Address: 969 W HESPERALOE COURT

ORO VALLEY, AZ 85755

USA

Phone:

(520)222-6762

Alt. Phone:

(480)888-6382

Email:

JOSH@WILDFIREWINGCOMPANY.COM

OWNER

Name:

FORK & FIRE'S NEIGHBORHOOD WINGS LLC

Contact Name:

JOSHUA CAIN BISHOP

Type:

LIMITED LIABILITY COMPANY

AZ CC File Number:

23178751

State of Incorporation: AZ

Incorporation Date:

02/02/2021

Correspondence Address: 969 W HESPERALOE COURT

ORO VALLEY, AZ 85755

USA

Phone:

(520)240-9582

Alt. Phone:

Email:

JOSH@WILDFIREWINGCOMPANY.COM

Officers / Stockholders

Name:

JOSHUA CAIN BISHOP

BRENT J RALSTON

Title:

% Interest:

MEMBER

55.00

MEMBER

45.00

FORK & FIRE'S NEIGHBORHOOD WINGS LLC -**MEMBER**

Name:

BRENT J RALSTON

Gender:

Male

Correspondence Address: 969 W HESPERALOE COURT

ORO VALLEY, AZ 85755

USA

Phone:

(520)240-9582

Alt. Phone:

Email:

BRENT.RALSTON@MEGGITT.COM

FORK & FIRE'S NEIGHBORHOOD WINGS LLC -MEMBER

Name:

JOSHUA CAIN BISHOP

Gender:

Male

Correspondence Address:

969 W HESPERALOE COURT

ORO VALLEY, AZ 85755

USA

Phone:

(520)222-6762

Alt. Phone:

(480)888-6382

Email:

JOSH@WILDFIREWINGCOMPANY.COM

APPLICATION INFORMATION

Application Number:

143990

Application Type:

New Application

Created Date:

-03/27/2021 4-14-2021 SC

QUESTIONS & ANSWERS

012 Restaurant

1) Are you applying for an Interim Permit (INP)?

2) Are you one of the following? Please indicate below.

Property Tenant

Subtenant

Property Owner

Property Purchaser

Property Management Company

Property Tenant

3) Is there a penalty if lease is not fulfilled?

No

- 4) Is the Business located within the incorporated limits of the city or town of which it is located?

 No Yes.

 If no, in what City, Town, County or Tribal/Indian Community is this business located?

 Catalina, AZ
- 5) What is the total money borrowed for the business not including the lease? Please list each amount owed to lenders/individuals.

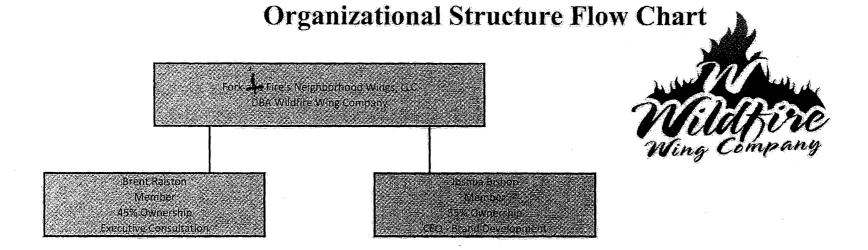
0

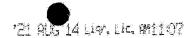
- 6) Is there a drive through window on the premises?
- 7) If there is a patio please indicate contiguous or non-contiguous within 30 feet.

 Contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild? Yes
 If yes, what is your estimated completion date?
 09/01/2021

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MENU	MENU PLAN - WWC - CONFIDENTIAL,pdf	04/10/2021
QUESTIONNAIRE	Questionaire - Josh Bishop.pdf	04/13/2021
DIAGRAM/FLOOR PLAN	15318 N Oracle Rd Ste 180 pdf	05/05/2021
QUESTIONNAIRE	Brent Questionaire.pdf	05/21/2021
RECORDS REQUIRED FOR AUDIT	Audit Records Document.pdf	05/30/2021
RESTAURANT OPERATION PLAN	Restuarant Operating Plan.pdf	05/30/2021
	Articles of Organization.pdf	06/22/2021
a .	Josh Questionaire.pdf	06/22/2021
	Brent Questionaire.pdf	06/22/2021
	Wildfire Wing Company - Food Menu.pdf	06/22/2021
	Wildfire Wing Company - Floor Plan.pdf	06/24/2021
	Ammendment.pdf	06/24/2021
	ACC Receipt.pdf	06/24/2021
	Statement of Citizenship - Joshua Bishop.pdf	07/01/2021
	Organization Flow Chart.pdf	07/28/2021
	Josh Bishop Passport.pdf	07/28/2021



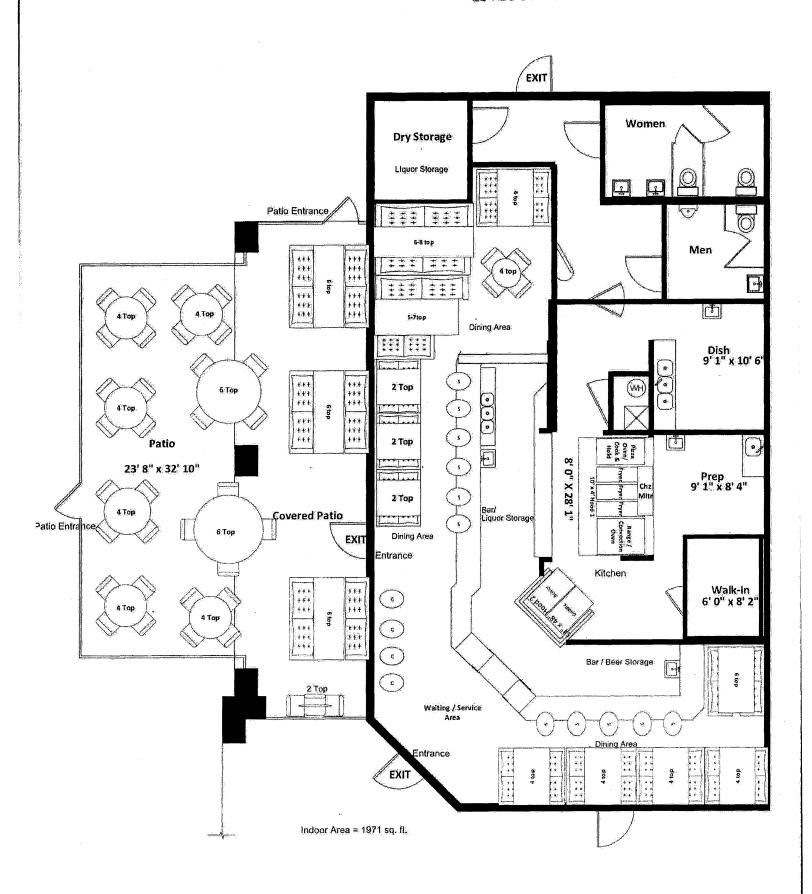


I am adding Brent J. Ralston as a Member of the company, Fork & Fire's Neighborhood Wings, LLC. He has 45% ownership of the Company as of 6/1/2021.

Joshua Bishop

Member

Fork & Fire's Neighborhood Wings, LLC





Grill

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

	USE ONLY
Job#: L	Dorcia
Ľ	3440

BECT/	 A LIT	OPER	ATIO	

Vulcan VCRB25 25 3/8" Charbroiler

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

**************************************	Alto-Shaam 767-SK-QS Halo Heat® Commercial Smoker Oven w/ Cold Smoking, 120v			
Freezer	True® T-49-HC Reach In Refrigerator 49 Cu. Ft			
Refrigerator	Walk-in 392 Cu. Ft.			
Sink	7 Hand, 1 prep, 1 dish	7 Hand, 1 prep, 1 dish		
Dish Washing Facilities	3 Compartment Sink			
Food Preparation Counter (Dimensions)	60" x 36"			
Other				
a. Restaurant dining area of your premises: (Do not include patio seating) b. Bar area of your premises: [48] [+13]				
	,	[+13]		
b. Bar area of your premis	,	<u>1+13</u> = 61 1		
b. Bar area of your premisc. Total dining and bar se	es:	<u>i= 61</u>		
b. Bar area of your premisc. Total dining and bar se	es: ating capacity of your premises: utensils are utilized within your restau	<u>i= 61</u>		
b. Bar area of your premis c. Total dining and bar sec What Type of dinnerware and Reusable	ies: ating capacity of your premises; utensils are utilized within your restau	rant?		
b. Bar area of your premis c. Total dining and bar sec What Type of dinnerware and Reusable Does your restaurant have a b	res: ating capacity of your premises: utensils are utilized within your restaul Disposable	rant? oth from the dining area? \(\sum \cdot YES \(\sum \cdot NC) \)		
b. Bar area of your premis c. Total dining and bar sec What Type of dinnerware and Reusable Does your restaurant have a b	res: ating capacity of your premises: utensils are utilized within your restaul Disposable Bararea that is distinct and separate to	rant? oth from the dining area? \(\sum \) YES \(\sum \) No		

8/22/2018

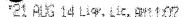
3.

5.

6.

7.

6 tvs				
rhad (da 198 1) (da 1981) an ing mga mga mga mga mga mga mga mga mga mg	The second se	**************************************	etakan 1980 - Maria Malaini kanan adalah kanan Malaini Malaini Malaini Malaini Malaini Malaini Malaini Malaini Malaini Malaini	
(If yes, what ty	ive entertainment or danc pe and how offen 8.5 a week, Karaoke-2 x a month,			
iderationi para piritang paggaratini ang agains	the state of the s	AND THE PERSONS ASSESSMENT TO SERVICE ASSESSMENT TO SERVICE ASSESSMENT ASSESS	renga magnalaga gang danggangan ganggang penghapangan ang pangangan na ang pangangan penghapan serika pangan s	in the group the second of the
				
		Wandaminenteritight. distributions	and the state of t	
Use space bek	ow to list how many employ	vees for each	position to fully staff you	business
and the second s	Position		How many	
	Cooks		4	ering Ering Ering
	Bartenders Bartenders	entrine of entrines of the second	3	
	Hostesses	ineter destruction destruction of the activities and the science	Ö	
	Managers	فالمستقيلة والمتاتية والمجاودة	2	4
	Servers		4	
	Other (17.,12., 7., 1., 1., 1., 1.		
				1. 3
	Other (jumbarani alia da kala da kala La		
	Other (<u> </u>		
hua C. Bisho	nD	E arrest le serve	familiaria dia mandra mandra dia m	oral 1700 a kepti 2005
	lication and the contents o	, nereby cond all statem	fectore that I am the Al tents true, correct and a	PLICANT filing this app complete.
DRPa	Θ			
(Signature of	APPLICANT)			
		Linear that the same and the same as a same and		
X		NOTARY		
of AKIZO	NA County of PI	MA		
oregoing instru	ıment was acknowledged	before me th	is 29 day of M	
commission Exp	pires on: 01 09/202	3 _	Matthum CS Signature of N	Hanner Public





No.

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

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 I-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.

1100

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.

NOTA	RY
1, (Print Full Name) Joshua C Bishop	_, have read and understand all aspects of this statement
X (Signature) Controlling Person / Agent	State of ARIZONA County of PIMA the foregoing instrument was acknowledged before me this
My commission expires on: 01 09 2023 Matthew Cody Hernand Notary Public - Arizon County of Pinna My Commission Expire Jenuary 9, 2023	Day Month Year Day Month Year Wather Of Hotary Public Signature of NOTARY Public

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