



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

Local Governing Body Recommendation
A.R.S. § 4-201(C)

1. City or Town of: _____ Liquor License Application #: 07110028
(Circle one) (Arizona application #)
2. County of: Pinal City/Town/County #: LL100516-CA
3. If licensed establishment will operate within an "entertainment district" as described in A.R.S. §4-207(D)(2),

_____ (Name of entertainment district) _____ (Date of resolution to create the entertainment district)

A boundary map of entertainment district must be attached.

4. The Board of Supervisors at a Regular meeting held on the 5th of October, 2016 considered the application of Camila Alarcon for a license to sell spirituous liquor at the premises described in application 07110028 for the license series #: type 07: Beer & Wine Bar as provided by A.R.S §4-201.
(Governing body) (Regular or special) (Day)
(Month) (Year) (Name of applicant)
(Arizona liquor license application #)
(i.e.: series #10: beer & wine store)

ORDER OF APPROVAL/DISAPPROVAL

IT IS THEREFORE ORDERED that the license APPLICATION OF Camila Alarcon to sell spirituous liquor of the class and in the manner designated in the application, is hereby recommended for _____.

(Approval, disapproval, or no recommendation)

TRANSMISSION OF ORDER TO STATE

IT IS FURTHER ORDERED that a certified copy of this order be immediately transmitted to the State Department of Liquor, License Division, 800 W Washington, 5th Floor, Phoenix, Arizona.

Dated at Florence, AZ on 5th, October, 2016.
(Location) (Day) (Month) (Year)

Sheri Cluff, Clerk _____
(Printed name of city, town or county clerk) (Signature of city, town or county clerk)



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: 9/6/10 Date of Posting Removal: 09/26/16

Applicant's Name: Alarcon Camila
Last First Middle

Business Address: 6601 E. US Highway 60 Gold Canyon 85118
Street City Zip

License #: 07110028

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.

Christopher Exucio Code Compliance Officer (504) 483-1675
Print Name of City/County Official Title Phone Number

[Signature] 09-28-10
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.

2010
 RV



PINAL COUNTY
with open horizons

DATE: September 6, 2016
TO: Amberlee Taylor, Deputy Clerk of the Board
FROM: Himanshu Patel, Community Development Director 
SUBJ: Application for Person Transfer and Location Transfer, for Camila Alarcon,
Canyon Vistas RV Resort, at 6601 E. US Highway 60, Gold Canyon,
Arizona 850118

LIQUOR LICENSE – RV Resort
Type 7
License #07110028

The zoning on this parcel will allow the sale of liquor, approval is recommended.

The license and notice were posted by a Code Compliance Officer on
September 6, 2016 and the removal date is September 26, 2016

COMMUNITY DEVELOPMENT



Gregory Stanley

County Manager

MEMORANDUM

Date: September 28, 2016

To: AmberLee Taylor, Deputy Clerk of the Board

From: Himanshu Patel, Community Development Director
Tony Guasp, Chief Building Official (Liq16-00015) 

SUBJ: **Application for Person Transfer and Location Transfer, series 07, for Camila Alarcon, Canyon Vistas RV Resort, located at 6601 E US Highway 60, Gold Canyon, Arizona 85118**

This establishment has been inspected for the minimum life safety requirements of the Pinal County Building Code Ordinance. The requirements have substantially been met. We therefore **recommend approval** of the Liquor License Application.

**COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING SAFETY DIVISION**



P I N A L • C O U N T Y
wide open opportunity

MEMORANDUM FROM PUBLIC HEALTH SERVICES DISTRICT

DATE: September 29, 2016
TO: Amberlee Taylor, Deputy Clerk of the Board
FROM: Chris Reimus, Assistant Director of Public Health, Environmental Health Services Division
RE: Application for Person Transfer and Location Transfer, series 07, Camila Alarcon, Canyon Vistas RV Resort, 6601 E. Highway 60, Gold Canyon, Arizona 85118

Regarding the applicant and facility Person Transfer and Location Transfer, series 07, Camila Alarcon, Canyon Vistas RV Resort, 6601 E. Highway 60, Gold Canyon, Arizona 85118; Environmental Health Services has no objection to Board of Supervisor's consideration of licensure at this time.

Sincerely,

Christopher Reimus, R.S., DAAS
Assistant Director of Public Health

PUBLIC HEALTH SERVICES DISTRICT



Pinal County Sheriff's Office

September 7, 2016

Board of Supervisors
31 N Pinal Street, Bldg. A
PO Box 827
Florence, AZ 85132

RE: Application for Person Transfer and Location Transfer, series 07, Camila Alarcon,
Canyon Vistas RV Resort, 6601 E. US Highway 60, Gold Canyon, Arizona 85118.

Dear Board,

On behalf of Pinal County Sheriff's Office, I am writing to express our support for the
Application as listed above.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Henry".

Steve Henry, Chief Deputy
Pinal County, Arizona

971 Jason Lopez Circle Building C * P.O. Box 867 * Florence, AZ 85132
Main (520) 866-5111 * Fax (520) 866-5195 * TDD (520) 868-6810



*16 AUG 25 Liq. Lic. #1247

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 This application is for a:

- Interim Permit (Complete Section 5)
New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
Location Transfer (Bars and Liquor Stores Only)
Probate/ Will Assignment/ Divorce Decree
Government (Complete Sections 2, 3, 4, 10, 13, 16)
Seasonal

SECTION 2 Type of Ownership:

- J.T.W.R.O.S. (Complete Section 6)
Individual (Complete Section 6)
Partnership (Complete Section 6)
Corporation (Complete Section 7)
Limited Liability Co (Complete Section 7)
Club (Complete Section 8)
Government (Complete Section 10)
Trust (Complete Section 6)
Tribe (Complete Section 6)
Other (Explain)

SECTION 3 Type of license

1. Type of License: Series 7 LICENSE # 07110028

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Alarcon Camila
2. Owner Name: Cal-Am Properties, Inc.
3. Business Name: Canyon Vistas RV Resort
4. Business Location Address: 6601 E. US Highway 60 Gold Canyon AZ 85118
5. Mailing Address: 6601 E. US Highway 60 Ave Gold Canyon Phoenix AZ 85004
6. Business Phone: (480) 832-4990 Daytime Contact Phone: (602) 256-4417
7. Email Address: calarcon@gbllaw.com

8. Is the Business located within the incorporated limits of the above city or town? Yes
9. 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? No
If yes, what City, Town or Tribal Reservation is this Business located in:

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ 10,000.00

Fees: Application 200.00, Interim Permit 0, Site Inspection 0, Finger Prints 0, Total of All Fees 200.00
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes
Accepted by: C. Beyon Date: 8/25/16 License #: 07110028

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

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? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ (Print Full Name)		declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.	
X _____ (Signature of CURRENT Individual Owner/Agent)	State of _____	County of _____	The foregoing instrument was acknowledged before me this _____
My commission expires on: _____ Date	_____	of _____	Month _____ Year _____
		_____ Signature of NOTARY PUBLIC	

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business? Yes No
 If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

General-Limited	Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

- Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7
 L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C: Cal-Am Properties, Inc.
 2. Date Incorporated/Organized: 12/12/2000 State where Incorporated/Organized: California
 3. AZ Corporation or AZ L.L.C File No: F09720654 Date authorized to do Business in AZ: 12/12/2000
 4. Is Corp/L.L.C. Non Profit? Yes No
 5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Sukert	Cory	Scot	CEO/Pres	385 Clinton Street	Costa Mesa	CA	92626
Sukert	Stephanie	Lynn	Secretary	385 Clinton Street	Costa Mesa	CA	92626

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Sukert	Cory	Scot	100%	385 Clinton Street	Costa Mesa	CA	92626

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: RIEN RINA RAFAELA Entity: AGENT
Last First Middle (Individual, Agent, Etc)
2. Ownership Name: CASA GRANDE MAIN STREET
(Exactly as it appears on license)
3. Business Name: CASA GRANDE MAIN STREET
(Exactly as it appears on license)
4. Business Location Address: 110 W 2ND ST #107 & 108 CASA GRANDE AZ 85122
Street City State Zip
5. License Type: BrWnBar License Number: 07110028
6. Current Mailing Address: P.O. Box 10062 Casa Grande az 85108
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? Yes No
8. Does the applicant intend to operate the business while this application is pending? Yes No
- If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) RAFAELA RINA RIEN hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) RAFAELA RINA RIEN declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X [Signature]
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of Arizona County of Pinal
State County

The foregoing instrument was acknowledged before me this 16 day of June 2016.
Day Month Year

My commission expires on 2/12/2018
Day/ Month/Year

[Signature]
Signature of NOTARY PUBLIC

Official Seal
NOTARY PUBLIC
STATE OF ARIZONA
COUNTY OF PINAL
MARIA REGAN
My Commission Expires December 21, 2018

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state 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) Restaurant license (§ 4-205.02) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18
- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 1.722 Miles Name of School: Sonoran Desert School
 (If less than one (1) mile note footage) Address: 6724 S Kings Ranch Rd., Gold Canyon, AZ 85118

2. Distance to nearest Church: 2.134 Miles Name of Church: Superstition Foothills Baptist Church
 (If less than one (1) mile note footage) Address: 6338 S. Kings Ranch Rd., Gold Canyon, AZ 85118

SECTION 14 Business Financials

1. I am the: Lessee Sub-lessee Owner Purchaser Management Company

2. If the premise is leased give lessors: Name: Canyon Vistas RVR LLC
 Address: 16255 Ventura Blvd., #1200 Encino CA 91436
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ None

4. What is the remaining length of the lease? Yrs. None Months _____

5. What is the penalty if the lease is not fulfilled? \$ None or Other: _____
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ None
 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)

7. What type of business will this license be used for (be specific)?
Retirement community beer and wine bar.

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? Yes No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? Yes No

10. Is the premises currently license with a liquor license? Yes No

If yes, give license number and licensee's name:
 License #: _____ Individual Owner /Agent Name: _____
(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

- 1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No
- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this Restaurant Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.

(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- Entrances/Exits Liquor storage areas **Patio:** Contiguous
- Walk-up windows Drive-through windows Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? Yes No
If yes, what is your estimated completion date? _____

Month/Day/Year

- 2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
- 3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
- 4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.
- 5. **As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.**



(Applicant's initials)

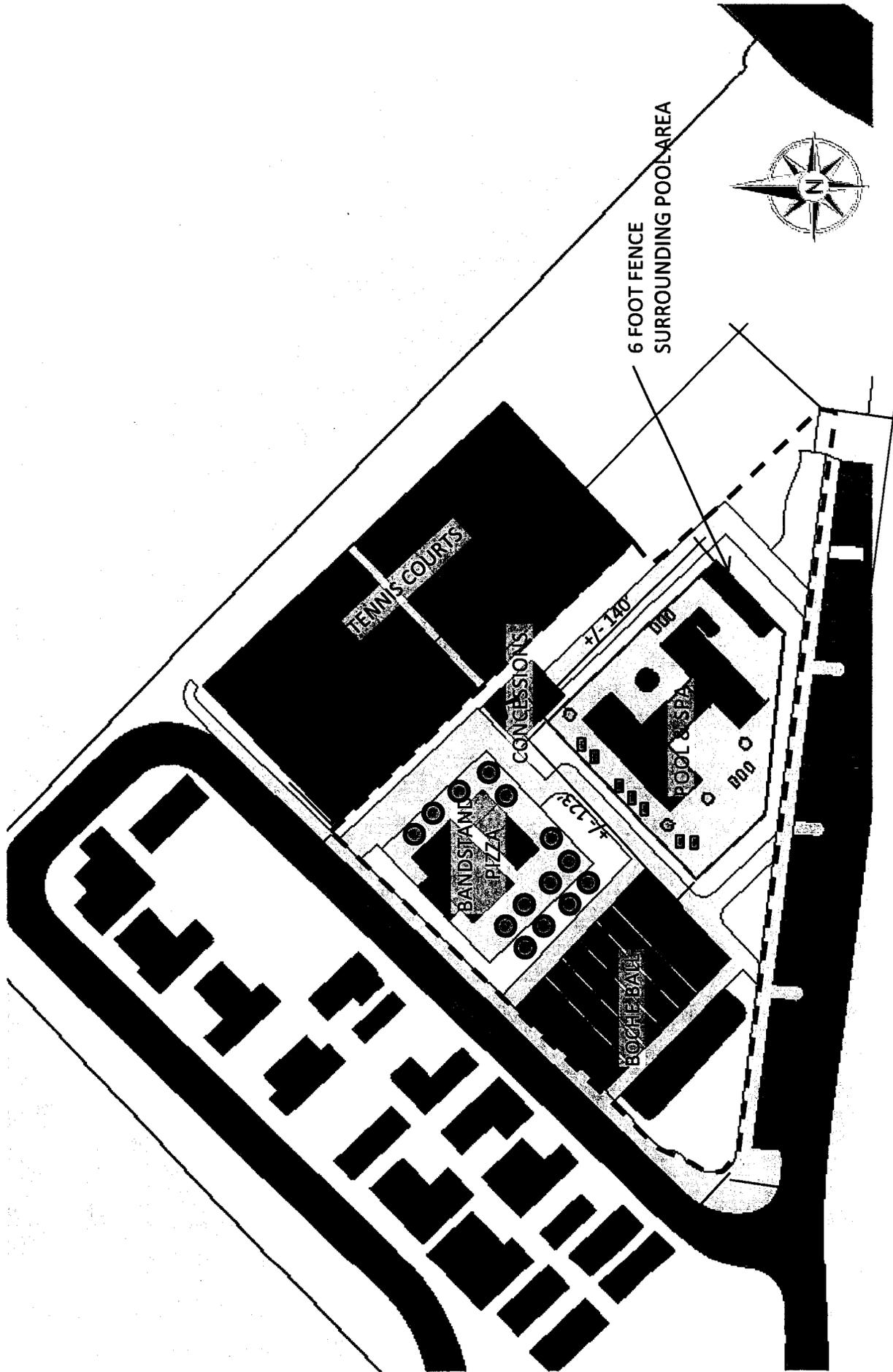
SECTION 16 Diagram of Premises – continued

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

DIAGRAM OF PREMISES

Please see attached diagram



**SUPERSTITION VIEWS
AT CANYON VISTAS**
6601 E. US HIGHWAY 60
GOLD CANYON, AZ 85218

- TABLES. 20 TOTAL. SEATS 6 EACH
- ◊ SHADE CANOPY. 4 TOTAL. SEATS 6 EACH
- ◇ LOUNGE CHAIR - 25 TOTAL

X = *Liquor Storage*

⬡ ALCOHOL SERVICE AREA