



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 #: 09114002
(Circle one) (Arizona application #)
2. County of: Pinal City/Town/County #: LL100510-KK
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 Kim K. Kwiatkowski
(Governing body) (Regular or special) (Day) (Month) (Year) (Name of applicant)
- for a license to sell spirituous liquor at the premises described in application 09114002
(Arizona liquor license application #)
- for the license series #: type 09: Liquor Store as provided by A.R.S §4-201.
(i.e.: series #10: beer & wine store)

ORDER OF APPROVAL/DISAPPROVAL

IT IS THEREFORE ORDERED that the license APPLICATION OF KIM K. KWIAATKOWSKI
(Name of applicant)

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 10th 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: 9/6/14 Date of Posting Removal: 9/26/16

Applicant Name: Kwiatkowski Kim Kenneth
Last First Middle

Business Address: 4295 W. Hunt Hwy San Tan Valley 85142
Street City Zip

License #: 09114002

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 ENESCO Code Compliance Officer (30) 483-1675
Print Name of City/County Official Title Telephone #

[Signature] 09-28-14
Signature Date Signed

Return this affidavit with your recommendation (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.

Individuals requiring special accommodations please call (602) 542-9027

zawny CB1/PAD



DATE: September 6, 2016
TO: Amberlee Taylor, Deputy Clerk of the Board
FROM: Himanshu Patel, Community Development Director 
SUBJ: Application For Location Transfer, Kim Kwiatkowski, Circle K Store #3388
located at 4295 W. Hunt Hwy, San Tan Valley, Arizona 85142.

LIQUOR LICENSE – CB-1/PAD
Type 9
License #09114002

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 FROM BUILDING SAFETY

Date: September 28, 2016

To: AmberLee Taylor, Deputy Clerk of the Board

From: Himanshu Patel, Development Services Director
Tony J. Guasp, Chief Building Official 

SUBJ: Application for Location Transfer, Series 09, for Kim K. Kwiatkowski,
Circle K Store #3388, located at 4295 W. Hunt Highway, San Tan Valley, AZ
85142

At present there is only vacant land with no improvements, this Department cannot make any recommendation at this time. Inspection of site shall be made at a later date when the building is ready for occupancy.

Therefore, Pinal County Community Development/Building Safety recommends rejecting the approval of the New Liquor License Application.

Tony Guasp
Chief Building Official

**COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING SAFETY DIVISION**



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 Location Transfer, series 09, Kim K. Kwiatkowski, Circle K Store #3388 located at 4295 W. Hunt Highway, San Tan Valley, AZ 85142.

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



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 Location Transfer, series 09, Kim K. Kwiatkowski, Circle K Store #3388, located 4295 W. Hunt Highway, San Tan Valley, AZ 85142

Regarding the applicant and facility Location Transfer, series 09, Kim K. Kwiatkowski, Circle K Store #3388, located 4295 W. Hunt Highway, San Tan Valley, AZ 85142; 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



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

415 FEB 24 11:09 Dept 11109

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)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
- Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
- 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: Liquor Store LICENSE # 09114002

SECTION 4 Applicants

1. Individual Owner/Agent's Name: KWIATKOWSKI KIM KENNETH
Last First Middle
2. Owner Name: CIRCLE K STORES INC.
(Ownership name for type of ownership checked on section 2)
3. Business Name: CIRCLE K STORE #3388
(Exactly as it appears on the exterior of premises)
4. Business Location Address: 4295 W Hunt Hwy San Tan Valley AZ 85142 Pinal
(Do not use PO Box) Street City State Zip Code County
5. Mailing Address: LICENSING DC-36, PO BOX 52085, PHOENIX, AZ 85072-2085
(All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: Pending Daytime Contact Phone: (602) 728-4783
7. Email Address: azlicense@circlek.com

8. Is the Business located within the incorporated limits of the above city or town? Yes No
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? Yes 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) \$ 0

Fees: <u>100.00</u>	Department Use Only			\$ <u>100.00</u>
<small>Application</small>	<small>Interim Permit</small>	<small>Site Inspection</small>	<small>Finger Prints</small>	<small>Total of All Fees</small>
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Accepted by: <u>JA</u>	Date: <u>08-24-16</u>	License # <u>09114002</u>		

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

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: CIRCLE K STORES INC.
 2. Date Incorporated/Organized: 06/08/1951 State where Incorporated/Organized: TEXAS
 3. AZ Corporation or AZ L.L.C File No: F-0006598-0 Date authorized to do Business in AZ: 04/08/1957
 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
Haxel	Geoffrey	Charles	Pres/Secr/Dir	1130 W Warner Rd, Tempe, AZ			85284
Cunnington	Kathleen	K	Treas/VP/DIR	1130 W Warner Rd, Tempe, AZ			85284
Rodriguez	Paul	(none)	VP	1130 W Warner Rd, Tempe, AZ			85284
Kwiatkowski	Kim	Kenneth	Asst Secr	1130 W Warner Rd, Tempe, AZ			85284

(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
CIRCLE K DELAWARE INC.			100%	1130 W Warner Rd, Tempe, AZ			85284

(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.

Circle K Stores Inc.
 Texas 6/8/51
 Charter No. 0010697700
 FIN# 74-1149540

OFFICE	Name	BUSINESS ADDRESS	PHONE
* President and Secretary	Geoffrey C. Haxel	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
* Treasurer and Assistant Secretary	Kathleen K Cunningham	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
* Sr Vice President	Darrill Davis	12911 Telecom Parkway, Tampa, FL 33637	(813) 910-6882
Vice President	Dennis Tewell	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Vice President	Pia Bach Henniksen	495 E Rincon, Suite 150, Corona, CA 92879	(951) 270-5136
Vice President	Paul Rodriguez	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Vice President	David Morgan	12911 Telecom Parkway, Tampa, FL 33637	(951) 270-5136
Vice President	Brian Bednarz	25 W Cedar St, Suite 100, Pensacola, FL 35202	(951) 270-5136
Vice President	Timothy Alexander Miller	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Vice President	Dag Roger Rinde	2440 Whitehall Park Dr., #800, Charlotte, NC 28273	(704) 583-5716
Vice President	Matt McCure	2440 Whitehall Park Dr., #800, Charlotte, NC 28273	(704) 583-5716
Vice President	Waymon (Butch) Seber	12911 Telecom Parkway, Tampa, FL 33637	(951) 270-5136
Vice President	Meredith Willard Rice, Jr.	305 Gregson Dr., Cary, NC 28273	(704) 583-5712
Vice President	Rodney Blanton	2440 Whitehall Park Dr., #800, Charlotte, NC 28273	(704) 583-5716
Assistant Secretary	Scott J. Stevenson	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Assistant Secretary	Kim Kwiatkowski	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Assistant Secretary	Sylvain Aubry	4204 Boul. Industriel, Laval (Quebec) Canada H7L 0E3	(450) 662-6632
Assistant Secretary	Marc Lee Finlary	255 E Rincon, Suite 100, Corona, CA 92879	(951) 270-5136
Assistant Secretary	Sarah Lynn Longwell	255 E Rincon, Suite 100, Corona, CA 92879	(951) 270-5136
Assistant Secretary	Michael L Foster	2440 Whitehall Park Dr., #800, Charlotte, NC 28273	(704) 583-5716
Assistant Secretary	Kyle Poyer	2440 Whitehall Park Dr., #800, Charlotte, NC 28273	(704) 583-5716
Assistant Secretary	Randy Horne	12911 Telecom Parkway, Tampa, FL 33637	(813) 910-6882
Assistant Secretary	Tim Peters	1199 S Beltline Rd, #160, Coppell, TX 75019	(602) 728-8000
Assistant Secretary	Peter Uhlich	12911 Telecom Parkway, Tampa, FL 33637	(813) 910-6878
Assistant Secretary	Edward Giunta	12911 Telecom Parkway, Tampa, FL 33637	(813) 910-6878
Assistant Secretary	John Little	305 Gregson Dr., Cary, NC 28273	(704) 583-5712

* Director

Business Address: 1130 W. Warner Road, Bldg B, Tempe, AZ 85284 (602) 728-8000
 Domicile Address: % CSC-Lawyers Incorporating Service Company, 701 Brazos Street, Suite 1050, Austin, TX 78701

12,000,000 Shares Authorized, 1,000 issued at \$1.00 Par. 100% owned by Circle K Delaware Inc. (FIN: 46-0520672)

Circle K Stores Inc. is qualified in:
 AL, AZ, AR, CA, CO, FL, GA, ID, KS, LA, MS,
 MO, NV, NM, NC, OK, OR, SC, TN, TX, UT, WA

Corporate Structure:

Circle K Delaware Inc. is 100% owned by The Circle K Corporation
 The Circle K Corporation is 100% owned by Mac's Convenience Stores Inc.
 Mac's Convenience Stores Inc. is 100% owned by Depan-EScompte Couche-Tard Inc.
 Depan-EScompte Couche-Tard Inc. is 100% owned by Alimentation Couche-Tard Inc.
 Alimentation Couche-Tard Inc. is a publicly traded company

OFFICERS.XLS

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: _____ Entity: _____
Last First Middle (Individual, Agent, Etc.)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
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) _____ 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) _____, 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.

NOTARY

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 _____ / _____
Day Month Year

Signature of NOTARY PUBLIC

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: 1,425 ft Name of School: Leading Edge Academy
 (If less than one (1) mile note footage) Address: 4815 W Hunt Hwy, Queen Creek, AZ 85142

2. Distance to nearest Church: 1,425 ft Name of Church: Mountain View Church
 (If less than one (1) mile note footage) Address: 4815 W Hunt Hwy, Queen Creek, AZ 85142

SECTION 14 Business Financials

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

2. If the premise is leased give lessors: Name: na
 Address: na
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ na

4. What is the remaining length of the lease? Yrs. na Months _____

5. What is the penalty if the lease is not fulfilled? \$ na or Other: _____
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ 3,000,000
Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Wells Fargo Bank	Acct-4123020786		3,000,000	333 S Grand Ave., 12th Floor, Los Angeles, CA			90071

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
Retail Convenience Store

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? May 05, 2016

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

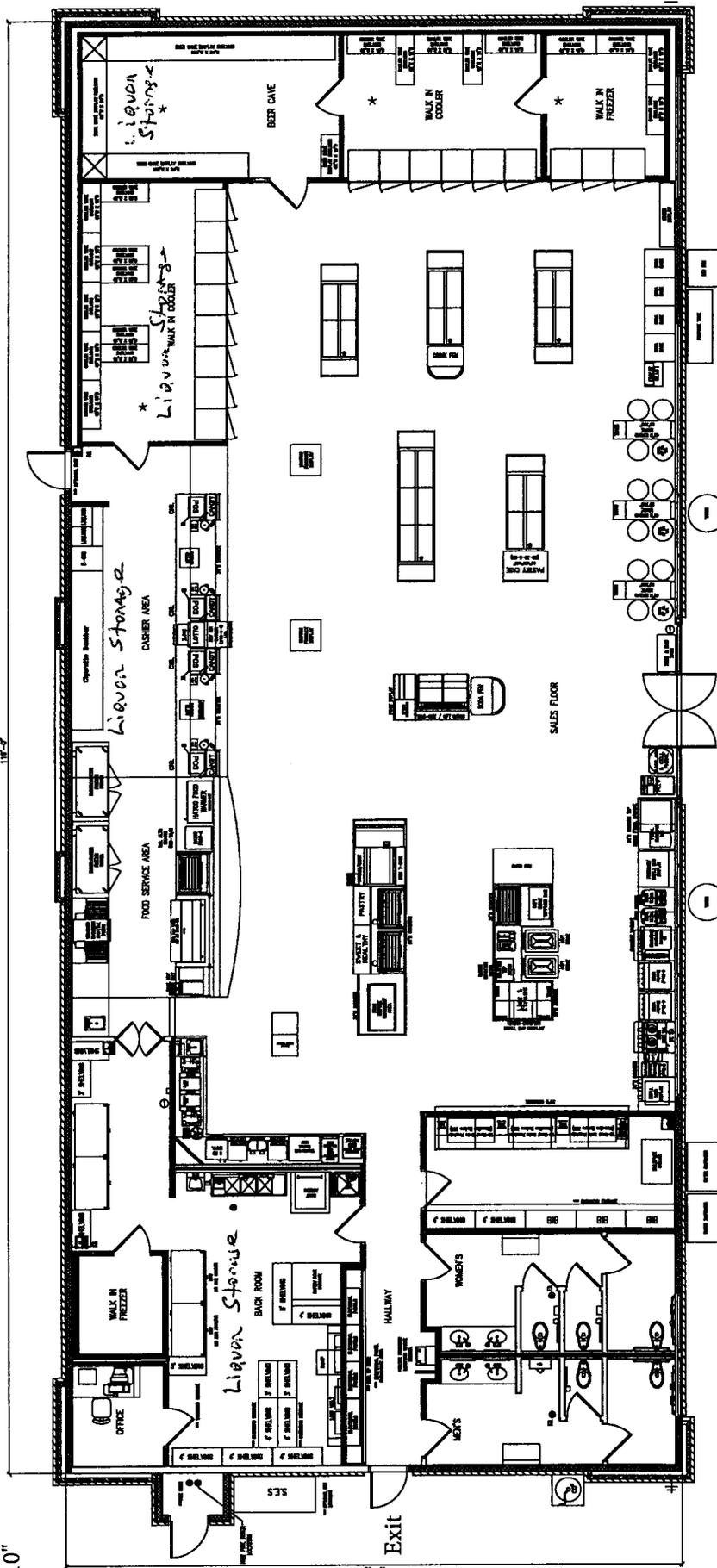
DIAGRAM ATTACHED

5,881'

Exit

118'

49'-10"



Entrance
Exit

*Liquor Storage

NORTH
↑

16 APR 24 1997 Dept PH1103

SECTION 17 SIGNATURE BLOCK

NOTARY

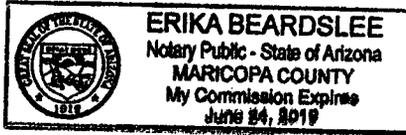
I, (Print Full Name) Kim Kenneth Kwiatkowski, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

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

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

My commission expires on: 6/24/19
Date

23 of AUGUST, 2016
Day Month Year
[Signature]
Signature of NOTARY PUBLIC



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.