

# NOTICE

## APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: August 11, 2015

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE

Mayor & Council of the City of San Luis

PLACE 1090 E. Union St. San Luis DATE/TIME September 9, 2015 @ 7:00 pm

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: 928-341-8520

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE

STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE

RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT

THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND

NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE

**STATE LIQUOR BOARD:** 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL - LOCAL GOVERNING BODY: 928-341-8520 STATE LIQUOR DEPT: (602) 542-9789

POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE.

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

www.azliquor.gov

(602) 542-5141

## NOTIFICATION TO LOCAL GOVERNING BODY

AGENT CHANGE

ACQUISITION OF CONTROL AND AGENT CHANGE

ACQUISITION OF CONTROL

Liquor License No. 1043564 Application accepted by RS

### A.R.S. § 4-203.F

If a person other than those persons originally licensed acquires control over a license or licensee, the person shall file notice of the acquisition with the Director within fifteen business days after such acquisition of control and a list of officers, directors or other controlling persons on a form prescribed by the Director. All officers, directors or other controlling persons shall meet the qualifications for licensure as prescribed by this title. On request, the director shall conduct a preinvestigation prior to the assignment, sale or transfer of control of a license or licensee, the reasonable costs of which, not to exceed one thousand dollars, shall be borne by the applicant. The preinvestigation shall determine whether the qualifications for licensure as prescribed by this title are met. On receipt of notice of an acquisition of control or request of a preinvestigation, the Director shall forward the notice within fifteen days to the local governing body of the city or town, if the licensed premises is in an incorporated area, or the county, if the licensed premises is in an unincorporated area. **The Local Governing Body of the city, town or county may protest the acquisition of control within sixty days based on the capability, reliability and qualification of the person acquiring control. If the Director does not receive any protests, the Director may protest the acquisition of control or approve the acquisition of control based on the capability, reliability and qualification of the person acquiring control.** Any protest shall be set for a hearing before the Board. Any transfer shall be approved or disapproved within one hundred five days of the filing of the notice of acquisition and control. The person who has acquired control of a license or licensee has the burden of an original application at the hearing, and the board shall make its determination pursuant to section 4-202 and this section with respect to capability, reliability and qualification.

RECEIVED

AUG 10 2015

City of San Luis

## 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: August 11, 2015 Date of Posting Removal: September 2, 2015


Applicant Name: Jatoi Anwar Ali  
Last First Middle

Business Address: 770 1st Avenue San Luis 85349  
Street City Zip

License #: 10143064

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.

Sonia Cornelio City Clerk 928.341.8520  
Print Name of City/County Official Title Telephone #

 9.2.2015  
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



15 JUL 30 Lic. Lic. #1816

State of Arizona  
 Department of Liquor Licenses and Control  
 800 W. Washington 5<sup>th</sup> Floor  
 Phoenix, AZ 85007  
 (602) 542-5141

**APPLICATION FOR AGENT CHANGE – ACQUISITION OF CONTROL – RESTRUCTURE**

**NOTE 1:** The fee for an agent change **MUST** be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) **NOTE 2:** The \$100.00 fee for restructure/acquisition of control **MUST** be submitted with this application. (A.R.S. 4-209.A)

**SECTION 1**

Check the appropriate boxes

<input type="checkbox"/> <b>Agent Change</b> Complete Sections 1,2,3,4,6 (See Note 1 on back)	<input checked="" type="checkbox"/> <b>Acquisition of Control</b> Complete Sections 1,2, (3,4 if changing Agent),6	<input type="checkbox"/> <b>Restructure</b> Complete Sections 1,2,(3,4 if changing Agent) ,5,6 (See Note 2 on back)
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**SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

1. Name: JATOI ANWAR ALI 10143064  
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #

2. Owner Name: MEHRAN COMPANY LLC Corp File #: L-08935360  
(Exactly as it appears on Liquor License) (If applicable)

3. Business Name: ARCO AM/PM Email: PANHWAR@YAHOO.COM  
(Exactly as it appears on Liquor License)

4. Business Location Address: 770 FIRST AVENUE SAN LUIS YUMA 85349  
(Do not use P.O. Box Number) City COUNTY Zip

5. Is the Business located within the incorporated limits of the above City or Town?  Yes  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  No If Yes, what City, Town or Tribal Reservation is this Business located in: \_\_\_\_\_

7. Mailing Address: 4128 W. 163rd STREET LAWNDALE CA 90260  
City State Zip

8. Business Phone: 928-627-7717 Daytime Contact Phone 928-304-4742

9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock?  Yes  No  
 If yes, submit a certified copy of minutes.

10. Has there been any change of Controlling Persons?  Yes  No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change.

**SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>	PANHWAR	SANI	HUSSAIN	MEMBER	4128 W. 163rd Street	Lawndale, CA	CA	90260
<input checked="" type="checkbox"/>	JATOI	MANSOOR	ALI	MEMBER	7000 S. CALYPSO CT.	TUCSON, AZ	AZ	85756
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>	PANHWAR	SANI	HUSSAIN	51	4128 W. 163rd Street	Lawndale, CA	CA	90260
<input checked="" type="checkbox"/>	JATOI	MANSOOR	ALI	49	7000 S. CALYPSO CT.	TUCSON, AZ	AZ	85756
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? [ ] Yes [ ] No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? [ ] Yes [ ] No
If yes, Name of current Manager: \_\_\_\_\_

Basic Training [ ] Yes [ ] No Management Training [ ] Yes [ ] No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted before your application for Agent Change, Acquisition of Control or Restructure can be submitted.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License # 10143064

2. Current Agent Name: JATOI ANWAR ALI
(Exactly as it appears on license) Last First Middle

I, (Print full name) SANI H. PANHWAR, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X (Controlling Person/Existing Agent)

State of \_\_\_\_\_ County of \_\_\_\_\_
The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Signature of NOTARY PUBLIC

SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? [X] YES [ ] NO

If YES, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- [ ] J.T.W.R.O.S.
[ ] INDIVIDUAL
[ ] PARTNERSHIP
[ ] CORPORATION
[X] LIMITED LIABILITY CO.
[ ] MANAGEMENT CO.
[ ] TRIBE
[ ] TRUST
[ ] OTHER (Explain) \_\_\_\_\_

- [ ] J.T.W.R.O.S.
[ ] INDIVIDUAL
[ ] PARTNERSHIP
[ ] CORPORATION
[ ] LIMITED LIABILITY CO.
[ ] MANAGEMENT CO.
[ ] TRIBE
[ ] TRUST
[ ] OTHER (Explain) \_\_\_\_\_

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SECTION 7 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) SANI HUSSAIN PANHWAR, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X (Controlling Person/Existing Agent)

State of \_\_\_\_\_ County of \_\_\_\_\_
The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Signature of NOTARY PUBLIC

AMENDMENT

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? [ ] Yes [ ] No
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2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? [ ] Yes [ ] No
If yes, Name of current Manager: \_\_\_\_\_
Last First Middle

Basic Training [ ] Yes [ ] No

Management Training [ ] Yes [ ] No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted before your application for Agent Change, Acquisition of Control or Restructure can be submitted.

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(COMPLETE THIS SECTION FOR AGENT CHANGE)

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X \_\_\_\_\_
(Controlling Person/Existing Agent)

State of \_\_\_\_\_ County of \_\_\_\_\_
The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

Day of \_\_\_\_\_ Month Year

Signature of NOTARY PUBLIC

SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? [X] YES [ ] NO

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Type of current ownership:

Type of new ownership:

- [ ] J.T.W.R.O.S.
[ ] INDIVIDUAL
[ ] PARTNERSHIP
[ ] CORPORATION
[X] LIMITED LIABILITY CO.
[ ] MANAGEMENT CO.
[ ] TRIBE
[ ] TRUST
[ ] OTHER (Explain) \_\_\_\_\_

- [ ] J.T.W.R.O.S.
[ ] INDIVIDUAL
[ ] PARTNERSHIP
[ ] CORPORATION
[ ] LIMITED LIABILITY CO.
[ ] MANAGEMENT CO.
[ ] TRIBE
[ ] TRUST
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I, (Print full name) SANI H. PANHWAR, hereby declare that I am the APPLICANT filing this application. I have read the application and its contents and all statements are true, correct and complete.

X \_\_\_\_\_
(Controlling Person/Existing Agent)

State of CALIFORNIA County of RIVERSIDE
The foregoing instrument was acknowledged before me this

My commission expires on: APRIL 17, 2017

20th of JULY, 2015
Day Month Year

Signature of NOTARY PUBLIC

