

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

\*07 SEP 17 Lic. Lic. # 119 400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

APPLICATION FOR LIQUOR LICENSE
AMENDMENT

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 6 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- INTERIM PERMIT Complete Section 5
NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16, 17
PERSON TRANSFER (Bars & Liquor Stores ONLY) Complete Sections 2, 3, 4, 11, 13, 15, 16, 17
LOCATION TRANSFER (Bars and Liquor Stores ONLY) Complete Sections 2, 3, 4, 12, 13, 15, 16, 17
PROBATE/WILL ASSIGNMENT/DIVORCE DECREE Complete Sections 2, 3, 4, 9, 13, 15, 17 (fee not required)
GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16, 17

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
OTHER Explain

SECTION 3 Type of license and fees:

LICENSE #: 10075485

1. Type of License: Series 10 2. Total fees attached: \$

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. 44.6852)

SECTION 4 Applicant: (All applicants must complete this section)

1. Applicant/Agent's Name: Mr. Kim Young Ms. (insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: Y 'N Y CORNER MART, LLC (Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: CORNER MART (Exactly as it appears on the exterior of premises)

4. Business Address: (Do not use PO Box Number) City COUNTY Zip

5. Business Phone: ( ) Residence Phone: ( )

6. Is the business located within the incorporated limits of the above city or town? YES NO

7. Mailing Address:

8. Enter the amount paid for a 06, 07, or 09 license: \$ City State Zip (Price of License ONLY)

DEPARTMENT USE ONLY
Accepted by: Date: Lic. #
Fees: Application Interim Permit Agent Change Club F. Prints TOTAL

PROCESSING APPLICATIONS TAKES APPROXIMATELY 90 DAYS, AND CIRCUMSTANCES OFTEN RESULT IN A LONGER WAITING PERIOD. YOU ARE CAUTIONED REGARDING PLANS FOR A GRAND OPENING, ETC., BEFORE FINAL APPROVAL AND ISSUANCE OF THE LICENSE.

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- J.T.W.R.O.S. *Complete Section 6*
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- PARTNERSHIP *Complete Section 6*
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- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
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- OTHER Explain \_\_\_\_\_

07 SEP 11 10:48 AM 249

SECTION 3 Type of license and fees:

LICENSE #: 10075485

Department Use Only

1. Type of License: \_\_\_\_\_ 2. Total fees attached: \$ \_\_\_\_\_

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SECTION 4 Applicant: (All applicants must complete this section)

Mr.

1. Applicant/Agent's Name: Ms. \_\_\_\_\_  
(Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: \_\_\_\_\_  
(Exactly as it appears on the exterior of premises)

4. Business Address: 5345 N. 7<sup>th</sup> Avenue Phoenix Maricopa 85013  
(Do not use PO Box Number) City COUNTY Zip

5. Business Phone: ( ) Residence Phone: ( )

6. Is the business located within the incorporated limits of the above city or town?  YES  NO

7. Mailing Address: \_\_\_\_\_

8. Enter the amount paid for a 06, 07, or 09 license: \$ \_\_\_\_\_  
City State Zip (Price of License ONLY)

DEPARTMENT USE ONLY

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Fees: \_\_\_\_\_ \$ \_\_\_\_\_  
Application Interim Permit Agent Change Club F. Prints TOTAL

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SEP 13 11 49 AM '07

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Complete Sections 2, 3, 4, 9, 13, 15, 17 (fee not required)
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- LIMITED LIABILITY CO. Complete Section 7
- CLUB Complete Section 8
- GOVERNMENT Complete Section 10
- TRUST Complete Section 6
- OTHER Explain

SECTION 3 Type of license and fees:

LICENSE #: 10075485

- 1. Type of License: Series 10
- 2. Total fees attached: \$ 1290

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. 44.6852)

SECTION 4 Applicant: (All applicants must complete this section)

- 1. Applicant/Agent's Name: Mr. KIM YOUNG CHOL  
(Insert one name ONLY to appear on license) Last First Middle
- 2. Corp./Partnership/L.L.C.: Y 'N Y CORNER MARKET, LLC  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
- 3. Business Name: CORNER MARKET  
(Exactly as it appears on the exterior of premises)
- 4. Business Address: 5344 N 7TH AVE. PHOENIX MARICOPA 85013  
(Do not use PO Box Number) City COUNTY Zip
- 5. Business Phone: ( ) PENDING Residence Phone: [REDACTED]
- 6. Is the business located within the incorporated limits of the above city or town?  YES  NO
- 7. Mailing Address: 5344 N 7TH AVE. PHOENIX AZ 85013  
City State Zip
- 8. Enter the amount paid for a 06, 07, or 09 license: \$ (Price of License ONLY)

**DEPARTMENT USE ONLY**

Accepted by: [Signature] Date: 9/13/07 Lic. # 10075485

Fees: Application 100 Interim Permit Agent Change Club F. Prints TOTAL \$ 1290

PROCESSING APPLICATIONS TAKES APPROXIMATELY 90 DAYS, AND CIRCUMSTANCES OFTEN RESULT IN A LONGER WAITING PERIOD. YOU ARE CAUTIONED REGARDING PLANS FOR A GRAND OPENING, ETC., BEFORE FINAL APPROVAL AND ISSUANCE OF THE LICENSE.

SEP 13 1997 Dept 01152

**SECTION 5 Interim Permit:**

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.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. \_\_\_\_\_
4. Is the license currently in use?  YES  NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, STOCKHOLDER OR LICENSEE of the stated license and location.

(Print full name)

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

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

(Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED FORM "LIC0101", AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$29 FEE FOR EACH CARD.

**1. Individual:**

Last	First	Middle	% Owned	Residence Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

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

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

Last	First	Middle	Residence Address	City, State, Zip	Telephone#

**SECTION 7 Corporation/Limited Liability Co.:**

**AMENDMENT**

EACH PERSON LISTED MUST SUBMIT A COMPLETED FORM "LIC0101", AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$29 FEE FOR EACH CARD.

- CORPORATION Complete questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.
- L.L.C. Complete questions 1, 2, 4, 5, 6, 7 and attach copy of Articles of Org. and Operation Agreement.

1. Name of Corporation/L.L.C.: Y 'N Y CORNER MART, LLC  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
2. Date Incorporated/Organized: 9-12-2007 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
4. AZ L.L.C. File No: L-1393692-0 Date authorized to do business in AZ: 9-17-07
5. Is Corp./L.L.C. non-profit?  YES  NO If yes, give IRS tax exempt number: \_\_\_\_\_

6. List all directors/ officers, controlling stockholders or members in Corporation/L.L.C.:

Last	First	Middle	Title	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

7. List stockholders or controlling members owning 10% or more:

Last	First	Middle	% Owned	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach an ownership, and director/officer/members disclosure for the parent entity. Attach additional sheets as necessary in order to disclose real people.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED FORM "LIC0101", AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$29 FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit?  YES  NO If tax exempt, give IRS tax exempt number: \_\_\_\_\_

3. List officer and directors:

Last	First	Middle	Title	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED FORM "LIC0101", AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$29 FEE FOR EACH CARD.

- CORPORATION Complete questions 1, 2, 3, 5, 6, 7, 8.  
 L.L.C. Complete questions 1, 2, 4, 5, 6, 7 and attach copy of Articles of Org. and Operation Agreement.

1. Name of Corporation/L.L.C.: Y 'N Y CORNER MART, LLC  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
2. Date Incorporated/Organized: 9-12-2007 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
4. AZ L.L.C. File No.: Pending Date authorized to do business in AZ: Pending
5. Is Corp./L.L.C. non-profit?  YES  NO If yes, give IRS tax exempt number: \_\_\_\_\_
6. List all directors, officers, controlling stockholders or members in Corporation/L.L.C.:

Last	First	Middle	Title	Residence Address	City State Zip
KIM	YOUNG	CHOL	MEMBER MANAGER	[REDACTED]	[REDACTED]

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

7. List stockholders or controlling members owning 10% or more:

Last	First	Middle	% Owned	Residence Address	City State Zip
KIM	YOUNG	CHOL	100	[REDACTED]	[REDACTED]

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach an ownership, and director/officer/members disclosure for the parent entity. Attach additional sheets as necessary in order to disclose real people.

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1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit?  YES  NO If tax exempt, give IRS tax exempt number: \_\_\_\_\_

3. List officer and directors:

Last	First	Middle	Title	Residence Address	City State Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store.** 07 FEB 19 Lic. Dept #1152

1. Current Licensee's Name: \_\_\_\_\_  
 (Exactly as it appears on license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
 Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Person to administer this license: \_\_\_\_\_  
 Last First Middle
2. Assignee's Name: \_\_\_\_\_  
 Last First Middle

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY).

1. Current Licensee's Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
 (Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: \_\_\_\_\_  
 (Exactly as it appears on license)
3. Current Business Name: \_\_\_\_\_  
 (Exactly as it appears on license)
4. Current Business Address: Street \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_
5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Last Renewal Date: \_\_\_\_\_
6. Current Mailing Address: Street \_\_\_\_\_  
 (Other than business) City, State, Zip \_\_\_\_\_

7. Have all creditors, lien holders, interest holders, etc. been notified of this transfer?  YES  NO
8. Does the applicant intend to operate the business while this application is pending?  YES  NO If yes, complete section 5, attach fee, and current license to this application.
9. I hereby relinquish my rights to the above described license to the applicant named in this application and hereby declare that the statements made in this section are true, correct and complete.

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER,  
(Print full name)  
PARTNER, STOCKHOLDER or LICENSEE of the stated license. I have read this section and the contents and all statements are true, correct and complete.

X \_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

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

**SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE SEP 13 Liq. Dept #1152

1. Current Business: Name \_\_\_\_\_  
(Exactly as it appears on license) Address \_\_\_\_\_
2. New Business: Name \_\_\_\_\_  
(Do not use PO Box Number) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Last Renewal Date: \_\_\_\_\_
4. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

**SECTION 13 Questions for all in-state applicants:**

1. Distance to nearest school: 1056 ft. Name of school: Valley Lutheran High School  
(Regardless of distance) Address 5199 N 7th Ave, Phoenix, AZ 85013
2. Distance to nearest church: 739 ft. Name of church: Jesus First Church  
(Regardless of distance) Address 498 W Missouri Ave, Phoenix, AZ 85013
3. I am the:  LESSEE  SUB LESSEE  OWNER  PURCHASER (of premises)
4. If the premises is leased give lessors: Name M. FRIEDMAN FAMILY L.P.  
Address 3636 N. CENTRAL AVE SUITE 1150, PHOENIX, AZ 8512
- 4a. Monthly rental/lease rate \$ 3,200 What is the remaining length of the lease? 5 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other SEE ATTACHED  
(give details - attach additional sheet if necessary)
5. What is the total business indebtedness of the applicant for this license/location excluding lease? \$ 0

Does any one creditor represent more than 10% of that sum?  YES  NO If yes, list below. Total must equal 100%.

Last	First	Middle	% Owed	Residence Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for? (BE SPECIFIC) Convenience Store
7. Has a license, or a transfer license for the premises on this application been denied by the state within the past one (1) year?  
 YES  NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee, have any interest in your business?  YES  NO
9. Is the premises currently licensed with a liquor license?  YES  NO If yes, give license number and licensee's name:  
License # \_\_\_\_\_ (Exactly as it appears on license) Name \_\_\_\_\_

COMMERCIAL LEASE

ART XIV  
INSURANCE

Lessor shall carry fire insurance on the building. Lessee shall reimburse Lessor for all building and property fire E.C. and liability insurance premiums, upon written notice from Lessor. Lessee agrees to carry during the entire lease term, bodily injury and property damage liability insurance in a minimum amount of \$1,000,000 COMBINED SINGLE LIMIT (CSL) which includes Lessor and Lessor's agent as an additional insured and furnish Lessor with a certificate of coverage. Should Lessee fail to provide Lessor with this certificate, Lessor may then obtain coverage on behalf of Lessee and Lessee shall reimburse Lessor for the premium plus interest at 12% per annum until paid.

ART XV  
FIRE  
DAMAGE,  
OTHER  
CASUALTY

Should the leased premises be partially damaged or totally destroyed by fire or other catastrophe not caused by Lessee's negligence, this lease may then be terminated provided the premises cannot be reasonably restored within 99 days. In the event of such termination, the rent shall be prorated to the date said premises are considered untenantable, in Lessor's opinion. Lessor shall not be liable to Lessee for any loss of business or other damage as a result of such casualty.

ART XVI  
LESSEE'S  
DEFAULT

Lessee shall be deemed in default of this Lease if Lessee fails to pay, when due, the rent or any other sum required by this Lease to be paid to Lessor, or if Lessee violates any other condition, provision or term of this Lease and fails to cure such other default within ten (10) days after notice is given by Lessor to Lessee.

In the event of Lessee's default, Lessor may: (a) Declare the Lease immediately terminated; re-enter the leased premises; and expel Lessee or any person(s) occupying the same. (b) Re-enter and re-let the leased premises on behalf of the Lessee, and apply any rent received from the new tenant toward the deficiency in rent due from the Lessee under this Lease; provided, however, such re-entering and re-letting shall not release Lessee from any obligation of Lessee hereunder. Lessee agrees to pay Lessor or its Agent a fee of \$350 or 7% of gross rent owed/due for the balance of this lease term, whichever is greater to re-let the premises. None of the Lessor's remedies herein shall be considered exclusive of any other remedy, but the same shall be cumulative and in addition to every other remedy provided by law or in equity.

ART XVII  
HOLDOVER  
TENANCY

If Lessee remains in possession of the demised premises after termination of this lease, Lessee shall then become a tenant at will on a holdover month-to-month basis. Monthly rent shall be automatically increased 30% and may be further increased at Lessor's option. Lessor may also require Lessee to pay an additional month's rent as security. All other conditions of this lease shall apply and either party may then terminate the rental by giving at least one full month's written notice prior to the periodic rental due date specified herein. If Lessee fails to give the required notice, Lessee shall pay Lessor an additional month's rent at the increased amount, and related charges.

ART XVIII  
SUB-LEASE  
ASSIGN-  
MENT

Lessee shall not sublet the whole or any part of the leased premises, nor assign this lease without the prior written consent of Lessor which consent shall not be unreasonably withheld. Any sub-letting or assignment without the written consent of Lessor shall be voidable at Lessor's option. Lessor's written consent either to an assignment or an entire or partial sub-lease shall not release Lessee from any obligation under this lease. Should Lessee request an assignment, Lessee shall compensate Lessor or its agent \$500 for administrative time incurred plus cost of credit reports.

ART XIX  
NOTICES

Any notice to be given by Lessor to Lessee shall be sent to the leased premises or 9850 N. 73<sup>rd</sup> Street, #2086, Scottsdale, AZ 85258. Any notice to Lessor from Lessee shall be sent to Charles I. Friedman, P.C. 3636 N. Central Avenue, Suite 1150, Phoenix, AZ 85012, or such other place as may be designated from time to time. All notices shall be deemed given upon personal delivery or when deposited in the U.S. mails, properly addressed with postage prepaid for delivery by registered or certified mail.

INITIAL



**SECTION 14** Restaurant, or Hotel Motel Applicants:

1. Is there a valid restaurant or hotel-motel liquor license at the proposed location?  YES  NO If yes, give licensee's name: \_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle
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. Section 4-203.01; and complete Section 5 of this application.
3. All restaurant applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor.
4. Do you understand that 40% of your gross revenue must be from food sales?  YES  NO

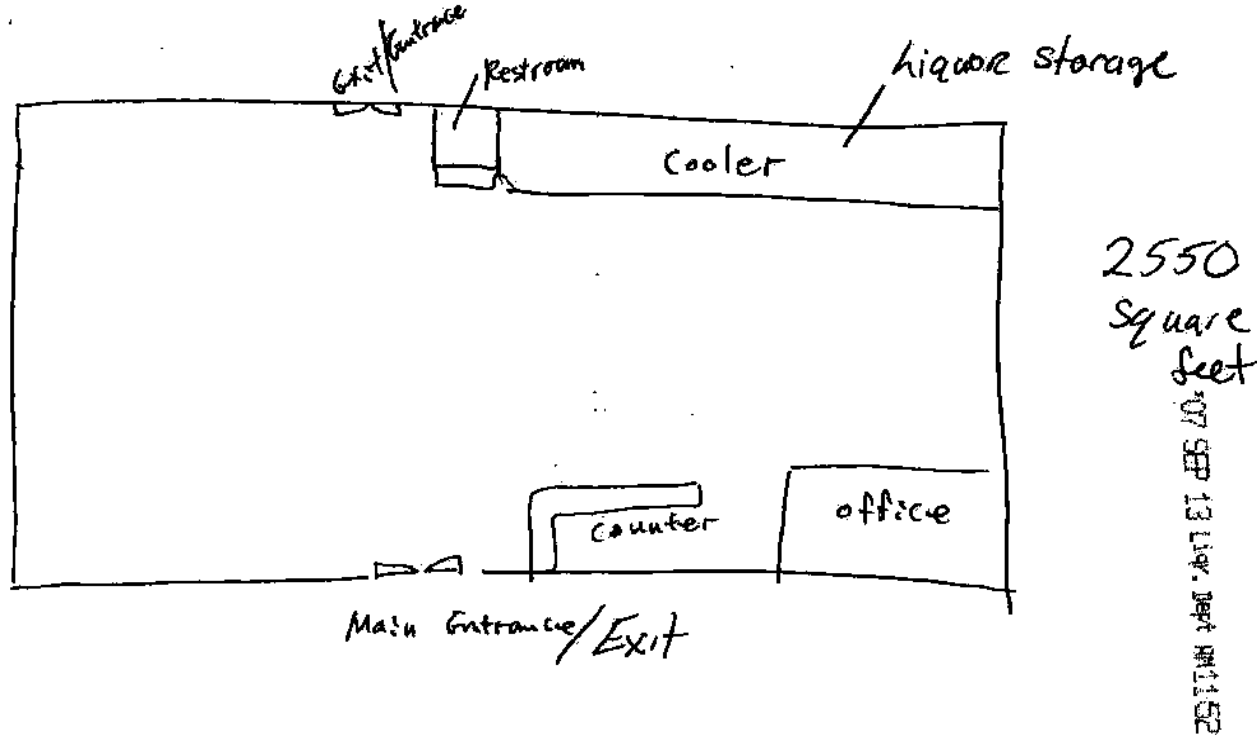
**SECTION 15** Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your licensed premises:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas                     |
| <input type="checkbox"/> Drive-in windows           | <input type="checkbox"/> Patio enclosures                                    |
| <input type="checkbox"/> Service windows            | <input type="checkbox"/> Under construction: estimated completion date _____ |

2. Restaurants and Hotel/Motel applicants must explicitly depict kitchen equipment and dining facilities.
3. The diagram below is the only area where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored. Give the square footage or outside dimensions of the licensed premises.

DO NOT INCLUDE PARKING LOTS, LIVING QUARTERS, ETC.

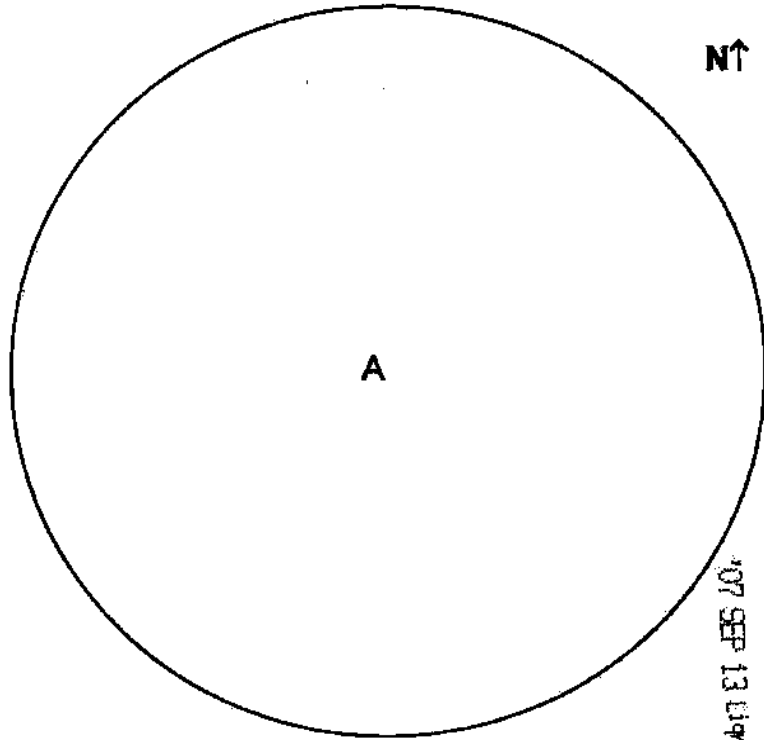


**YOU MUST NOTIFY THE DEPARTMENT OF LIQUOR OF ANY CHANGES OF BOUNDARIES, ENTRANCES, EXITS, OR SERVICE WINDOWS MADE AFTER SUBMISSION OF THIS DIAGRAM.**

**SECTION 16 Geographical Data** SAMPLE FOR THIS SECTION IS PROVIDED ON THE BACK OF THIS PAGE

List below the exact names of all churches, schools, and spirituous liquor outlets within a one mile radius of your proposed location. Ref. A.R.S. 4-201 (B)

- 1. See Attached
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_



N↑

A

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(ATTACH ADDITIONAL SHEET IF NECESSARY)

A = Your business name and identify cross streets

**SECTION 17 Signature Block:**

I, YOUNG CHOL KIM, declare that: 1) I am the APPLICANT (Owner, Agent, Partner, Stockholder (10% or more), Member, Officer (10% or more ownership), or Club Member making this application; 2) I have read the application and the contents and all statements are true, correct and complete; 3) that this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) that no other person, firm, or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) that to the best of my knowledge and belief, none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years.

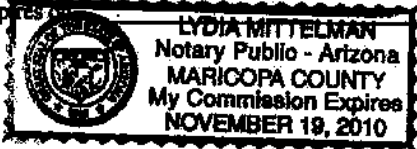
X [Signature]  
 (Signature)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

12 day of September, 2007  
 Day Month Year

My commission expires

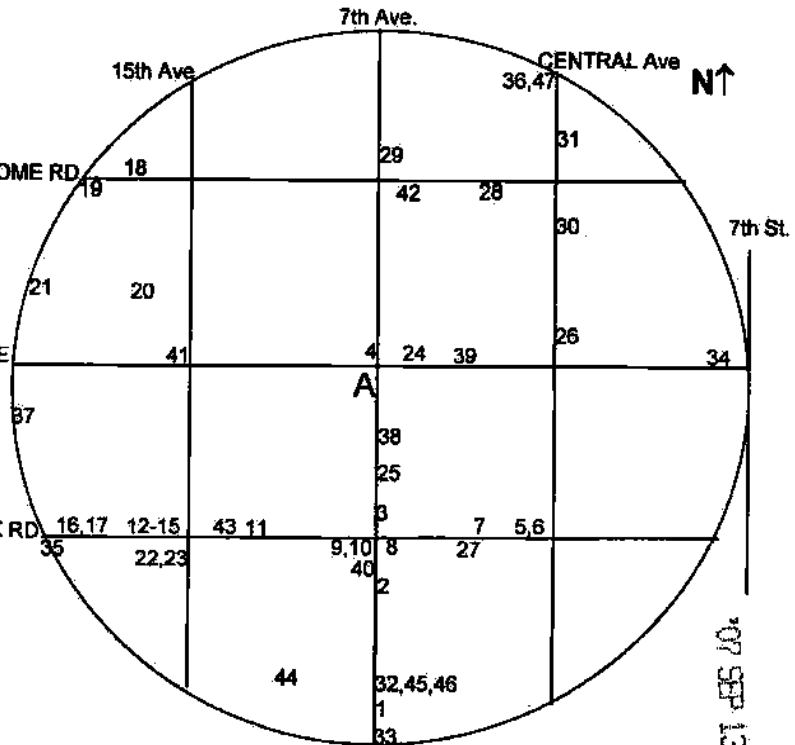


[Signature]  
 (Signature of NOTARY PUBLIC)

**SECTION 16 Geographical Data: A SAMPLE FOR THIS SECTION IS PROVIDED ON THE NEXT PAGE.**

List below the exact names of all churches, schools, and spirituous liquor outlets within a one mile radius of your proposed location. Ref. A.R.S. 4-201 (B)

1. **SEE ATTACHED**
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_ **BETHANY HOME RD**
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_ **MISSOURI AVE**
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_ **CAMELBACK RD**
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_



ATTACH ADDITIONAL SHEET(S) IF NECESSARY

A = Your business name and identify cross streets.

**SECTION 17 Signature Block:**

I, YOUNG CHOL KIM declare that: 1) I am the APPLICANT (Owner, Agent, Partner, Stockholder (10% or more), Member, Officer (10% or more ownership), or Club Member making this application; 2) I have read the application and the contents and all statements are true, correct and complete; 3) that this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) that no other person, firm, or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) that to the best of my knowledge and belief, none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
 (Signature) The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 Day Month Year

My commission expires on: \_\_\_\_\_  
 (Signature of NOTARY PUBLIC)

Section 16: Geographical Data  
 Corner Market  
 5344 N 7th Ave, Phoenix, AZ 85013

License #	Business Name	Address
A	CORNER MARKET	5344 N 7TH AVE
1	CHAR'S HAS THE BLUES	4631 N 7TH AVE
2	CAFE LATINO	4812 N 7TH AVE
3	LA FUENTE RESTAURANT	5025 N 7TH AVE #2
4	SYLVIA'S LA CANASTA MEXICAN FOOD	5504 N 7TH AVE
5	FOUR KINGS CENTRAL	24 W CAMELBACK RD
6	PRIME CHINESE RESTAURANT	24 W CAMELBACK RD STE H
7	HOMME	136 W CAMELBACK RD
8	TANGO STORE	660 W CAMELBACK RD
9	CHARLIE'S PHOENIX	727 W CAMELBACK RD
10	FRY'S FOOD & DRUG #128	744 W CAMELBACK RD
11	THAI RAMA	1221 W CAMELBACK RD
12	SNAP LOUNGE	1516 W CAMELBACK RD
13	PETER WONG RESTAURANT	1534 W CAMELBACK RD
14	BUKKANA'S BAR	1615 W CAMELBACK RD STE 102
15	FRY'S FOOD & DRUG #39	1625 W CAMELBACK RD
16	TAN PHAT ORIENTAL SUPERMARKET	1702 W CAMELBACK RD #5
17	PHO BANG RESTAURANT	1702 W CAMELBACK RD STE 14
18	WAL-MART SUPERCENTER # 2113	1607 W BETHANY HOME RD
19	WINGSTOP	1703 W BETHANY HOME RD
20	COSTCO WHOLESALE	1646 W MONTEBELLO AVE
21	JB'S FAMILY RESTAURANT #102	1818 W MONTEBELLO AVE
22	A & S FOOD MART	4829 N 15TH AVE
23	CARAVAN	4835 N 15TH AVE
24	Jesus First Church	498 W Missouri Ave
25	Mt Calvary Lutheran Church	5105 N 7th Ave
26	First United Methodist Church	5510 N Central Ave
27	Central Phoenix Unity	114 W Camelback Rd
28	Christian Science Second Chr	250 W Bethany Home Rd
29	Bethany Bible Church	6060 N 7th Ave
30	North Phoenix Baptist Church	5757 N Central Ave
31	Self-Realization Fellowship	6111 N Central Ave
32	St Francis Xavier Catholic Chr	4715 N Central Ave
33	Kingdom Life Christian	700 W Campbell Ave
34	Missouri Park Church of God	5536 N 6th St
35	Korean Phoenix Presbyterian	5100 N 18th Ave

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Section 16: Geographical Data  
 Corner Market

5344 N 7th Ave, Phoenix, AZ 85013

36	CHURCH	Valley Classical Christian Sch	6225 N Central Ave
37	CHURCH	Jehovah's Witnesses	5235 N 19th Ave
38	SCHOOL	Valley Lutheran High School	5199 N 7th Ave
39	SCHOOL	Rancho Solano Private Schools	240 W Missouri Ave
40	SCHOOL	Crittenton Youth Academy	715 W Mariposa St
41	SCHOOL	Solano School	1526 W Missouri Ave
42	SCHOOL	Montessori Children's House	516 W Bethany Home Rd
43	SCHOOL	Arneri Schools Academy	1333 W Camelback Rd
44	SCHOOL	Osborn Middle School	1102 W Highland Ave
45	SCHOOL	St Francis Xavier Elementary	4715 N Central Ave
46	SCHOOL	Brophy College Preparatory	4701 N Central Ave
47	SCHOOL	Valley Classical Christian Sch	6225 N Central Ave