

February 2, 2024

MEMORANDUM TO: Honorable Mayor and City Council
THRU: Charles P. Potucek, City Manager
FROM: Jill Adams, City Clerk
SUBJECT: REQUEST FOR AGENDA ITEM PLACEMENT
Resolution 2024-006, Location Transfer Series 7 Liquor License
Application for Amy S. Nations on behalf of Delect Foods of
Arizona LLC. dba Pizza Hut #036976, 3680 E. Fry Boulevard,
Sierra Vista, Arizona

RECOMMENDATION:

The City Manager recommends approval of this license.
The City Clerk recommends approval of this license.

INITIATED BY:

Ms. Amy S. Nations
PO Box 2502
Chandler, Arizona 85244

BACKGROUND:

A location transfer series 7 liquor license application was received by the City Clerk for Amy S. Nations on behalf of Delect Foods of Arizona LLC. dba Pizza Hut #036976. The license is for a beer and wine bar at 3680 E. Fry Boulevard, Sierra Vista, Arizona.

State law requires applicants to apply for a liquor license from the Arizona Department of Liquor License and Control and that the local municipality provide a recommendation of approval/denial. Also required is a notice of public hearing to be posted on the premises for 20 days prior to the public hearing.

The Police Department has performed a background investigation and has given its approval for this license. A public hearing notice was posted and to date, no responses, either in favor or against, have been received. The Council's decision concerning this liquor license application will be forwarded to the State Department of Liquor Licenses and Control, who will then issue the liquor license if no objections were received. If objections were received, that department will conduct a hearing regarding the license.

BUDGET APPROPRIATION:

Not applicable.

RESOLUTION 2024-006

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, COCHISE COUNTY, ARIZONA; REAFFIRMING SETTLED POLICY BY RECOMMENDING APPROVAL FOR A LOCATION TRANSFER SERIES 7 LIQUOR LICENSE APPLICATION FOR AMY S. NATIONS ON BEHALF OF DELECT FOODS OF ARIZONA LLC. DBA PIZZA HUT #036976 LOCATED AT 3680 E. FRY BOULEVARD, SIERRA VISTA, ARIZONA; TO THE STATE DEPARTMENT OF LIQUOR LICENSES AND CONTROL; AND AUTHORIZING AND DIRECTING THE CITY MANAGER, CITY CLERK, CITY ATTORNEY OR THEIR DULY AUTHORIZED OFFICERS AND AGENTS TO TAKE ALL STEPS NECESSARY TO CARRY OUT THE PURPOSES AND INTENT OF THIS RESOLUTION.

WHEREAS, an application for a location transfer series 7 liquor license application for Amy S. Nations on behalf of Delect Foods of Arizona LLC. dba Pizza Hut #036976, located at 3680 E. Fry Boulevard, Sierra Vista, Arizona has been filed with the Arizona Department of Liquor Licenses and Control; and

WHEREAS, Arizona Revised Statutes §4-112 requires local municipalities to grant approval or disapproval of all liquor licenses being applied for within their jurisdiction; and

WHEREAS, the application has been posted on the premises of the business for twenty (20) days as required by State law; and

WHEREAS, it is the settled policy of the City Council that liquor licenses be recommended for approval if no objections are raised.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, AS FOLLOWS:

SECTION 1

The City Council reaffirms its settled policy on liquor licenses within City limits.

SECTION 2

The City Council of the City of Sierra Vista recommends approval of a location transfer series 7 liquor license application for Amy S. Nations on behalf of Delect Foods of Arizona LLC. dba Pizza Hut #036976, to the State Department of Liquor Licenses and Control.

SECTION 3

The City Manager, City Clerk, City Attorney, or their duly authorized officers and agents, are hereby authorized and directed to take all steps necessary to carry out the purposes and intent of this Resolution.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, THIS 8TH DAY OF FEBRUARY 2024.

Clea McCaa II
Mayor

Approved as to Form:

Attest:

Nathan J. Williams
City Attorney

Jill Adams
City Clerk

Prepared By:
Jill Adams, City Clerk

State of Arizona
Department of Liquor Licenses and Control

Created 01/09/2024 @ 04:21:29 PM

Local Governing Body Report

LICENSE

Number:	07020030	Type:	007 BEER AND WINE BAR
Name:	PIZZA HUT #036976		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2024
Original Issue Date:	05/20/1975		
Location:	3680 E FRY BOULEVARD SIERRA VISTA, AZ 85635 USA		
Mailing Address:	PO BOX 2502 CHANDLER, AZ 85244 USA		
Phone:	(520)458-8872		
Alt. Phone:	(480)730-2675		
Email:	LIQUORLICENSE@AZLIC.COM		

Currently, this license has pending applications.

AGENT

Name:	AMY S NATIONS
Gender:	Female
Correspondence Address:	PO BOX 2502 CHANDLER, AZ 85244 USA
Phone:	(480)730-2675
Alt. Phone:	
Email:	LIQUORLICENSE@AZLIC.COM

OWNER

Name:	DELECT FOODS OF ARIZONA LLC		
Contact Name:	AMY S NATIONS		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23057643	State of Incorporation:	TX
Incorporation Date:	02/10/2020		
Correspondence Address:	PO BOX 2502 CHANDLER, AZ 85244 USA		
Phone:	(480)730-2675		
Alt. Phone:			
Email:	LIQUORLICENSE@AZLIC.COM		


Officers / Stockholders

Name:	Title:	% Interest:
KAMAL PREET SINGH	Managing Member	100.00
MARIE ANNA STEWART	07100142	
ADELBERT VICTOR VERDUGO	07020029	
LARRY LEROY LOUDEN	07020030	
MIGUEL ANGEL SAENZ	07100138	
BRIAN DAVID PARKER	07100139	
MARY EVELYN DILLMAN	07050008	
AARON MARCUS MONTGOMERY	07100140	
NORMAN RAY JACKSON	07100483	
JEFFREY STUART MARQUEZ	07100131 & 07100483	


DELECT FOODS OF ARIZONA LLC - 07050008

Name: MARY EVELYN DILLMAN
 Gender: Female
 Correspondence Address: PO BOX 2502
 CHANDLER, AZ 85244
 USA
 Phone: (520)603-3932
 Alt. Phone:
 Email: MARYDILLMAN@PIZZAHUTAZ.COM

**DELECT FOODS OF ARIZONA LLC - 07100131 &
07100483**

Name: JEFFREY STUART MARQUEZ
 Gender: Male
 Correspondence Address: PO BOX 2502
 CHANDLER, AZ 85244
 USA
 Phone: 
 Alt. Phone:
 Email:

DELECT FOODS OF ARIZONA LLC - 07100138

Name: MIGUEL ANGEL SAENZ
 Gender: Male
 Correspondence Address: PO BOX 2502
 CHANDLER, AZ 85244
 USA
 Phone: (520)331-3136
 Alt. Phone: 
 Email:

DELECT FOODS OF ARIZONA LLC - 07100139

Name: BRIAN DAVID PARKER
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA

Phone: [REDACTED]
Alt. Phone: [REDACTED]
Email: [REDACTED]

DELECT FOODS OF ARIZONA LLC - 07020030

Name: LARRY LEROY LOUDEN
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA

Phone: (520)458-8900
Alt. Phone:
Email: RS036977@PIZZAHUT.COM

DELECT FOODS OF ARIZONA LLC - 07020029

Name: ADELBERT VICTOR VERDUGO
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA

Phone: [REDACTED]
Alt. Phone: [REDACTED]
Email: [REDACTED]

DELECT FOODS OF ARIZONA LLC - 07100142

Name: MARIE ANNA STEWART
Gender: Female
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA

Phone: [REDACTED]
Alt. Phone: [REDACTED]
Email: [REDACTED]

DELECT FOODS OF ARIZONA LLC - 07100483

Name: NORMAN RAY JACKSON
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA

Phone: [REDACTED]
Alt. Phone: [REDACTED]
Email: [REDACTED]

DELECT FOODS OF ARIZONA LLC - 07100140

Name: AARON MARCUS MONTGOMERY
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA

Phone: [REDACTED]
Alt. Phone: [REDACTED]
Email: [REDACTED]

**DELECT FOODS OF ARIZONA LLC - Managing
Member**

Name: KAMAL PREET SINGH
Gender: Male
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA

Phone: [REDACTED]
Alt. Phone: [REDACTED]
Email: [REDACTED]

APPLICATION INFORMATION

Application Number: 272142
Application Type: Location Transfer
Created Date: 12/12/2023

QUESTIONS & ANSWERS

007 Beer and Wine Bar

- 1) Are you applying for an Interim Permit (INP)?
No
- 4) 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
- 10) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)
Village Meadows Elementary School 3,908 Feet
905 El Camino Real
Sierra Vista, Arizona 85635
- 11) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Property Tenant
- 12) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
Still owe lease term
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
0
- 14) Is there a drive through window on the premises?
Yes
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
No Patio
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	07020030 Diagram.pdf	12/12/2023
QUESTIONNAIRE	07020030 Agent Questionnaire.pdf	12/12/2023
	K. Singh Questionnaire.pdf	01/03/2024

LC:
Amount:

23 12 14 Licr. Dept #1216



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY
Job #: 272142
Date Accepted: 01-04-2024
CSR: SG

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with Black Ink

Fp Current

10-07-2022

License Number: 07020030

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box → Agent Controlling Person

2. Name: Nations Amy S. Birth Date: [Redacted] (NOT a public record)

3. Social Security #: [Redacted] Drivers License #: [Redacted] State Issued: Arizona

4. Place of birth: Morenci Arizona USA Height: 5'7 Weight: 165 Eyes: Hazel Hair: Brown

5. Name of current/most recent spouse: Birth Date: / / (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? August 1969

7. Daytime telephone number: 480-730-2675 Email address: amynations@azlic.com

8. Premises Name: Pizza Hut #036976 Business Phone: 520/ 458/8872

9. Premises Address: 3680 E. Fry Blvd Sierra Vista Arizona Cochise 85635

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

23 12 14 149. Def #1216

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
05/99	CURRENT	Member-ALIC Enterprises	1811 S. Alma School Rd #268 Mesa, Arizona 85210

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

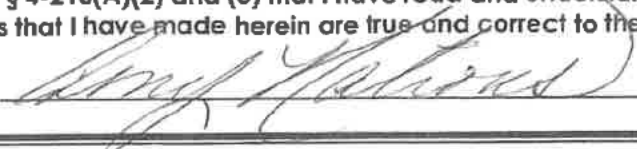
FROM Month/Year	To Month/Year	Street	City	State	Zip
05/07	CURRENT	[REDACTED]	Chandler	Arizona	85286

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes No
- 13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. Yes No
- 14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
- 15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes No
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
- 18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Amy S. Nations hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 12/01/2023

Question 18

I work for Arizona Liquor Industry Consultants. Because of the number of licenses we work with it is possible that some of them may have a pending action of some kind and violations.

Thank you,

A handwritten signature in cursive script, appearing to read "Amy S. Nations". The signature is written in dark ink and is positioned above the printed name.

Amy S. Nations

IC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 272142
Date Accepted: 01-01-2024
CSR: SG

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with Black Ink

805-483

License Number:

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box → Agent Controlling Person

2. Name: Singh, Kamal Birth Date: 08/02/1985
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: TX

4. Place of birth: [REDACTED] Height: 6 FT Weight: 165 LBS Eyes: BLACK Hair: BLACK

5. Name of current/most recent spouse: MEARA SWALZ Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? _____

7. Daytime telephone number: [REDACTED] Email address: [REDACTED]

8. Premises Name: Pizza Hut #036976 Business Phone: 520/458/8872

9. Premises Address: 3680 E Fry Blvd, Sierra Vista, AZ 85635
Street (do not use PO Box) City State County Zip

24 JAN 5 Liq. Lic. PM 2:54

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/05/09	CURRENT	CEO	Emerge Inc 10101 Southwest Freeway Houston, Texas 77074

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
04/02/18	CURRENT	[REDACTED]	CYPRESS	TX	77433

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
- 13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. Yes No
- 14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
- 15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202,4-210 Yes No
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
- 18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Kamal Singh hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: [Signature] Date: 09/14/2023



FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY

Job #:	272142
Date Accepted:	01-01-2024
CSR:	SG

Fee Collected under
Manager-LLC

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. **Please print clearly.**
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date	Name of Applicant:	
10/05/23	KAMALPREET SINGH	
Name of Fingerprint Technician:		
Elias Rene C. Torres		
Fingerprint technician's Signature:		
Fingerprint technician's Agency/company Name:	Phone Number:	
Identigo		
Type of Photo ID Provided (check one):		
<input type="checkbox"/> Driver's License	<input checked="" type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)