STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150001

MICHAEL LANCE WHITE
SWING FIRST GOLF LLC
JOHNSON RANCH GOLF CLUB
30761 N GOLF CLUB DR
QUEEN CREEK AZ 85243

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110071         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL LANCE WHITE           _________________
Location: JOHNSON RANCH GOLF CLUB       _________________
          433 E GOLF CLUB DR            _________________
          QUEEN CREEK, AZ 85242         _________________
Business Phone:     (480)987-9800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150002

ROBIN LEE BREAN
VERDE CANYON RAILROAD LLC
VERDE CANYON RAILROAD
P O BOX 1544
OGDEN UT 84402

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 08133000 Renew? _____Yes_____No
Status: Active Status Date: 6/26/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBIN LEE BREAN _____
Location: VERDE CANYON RAILROAD _____
300 N BROADWAY _____
CLARKDALE, AZ 86324 _____
Business Phone: (928)639-0010 _____

Renewal Fees:

License Renewal:	225.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	295.00

License# 10133239 Renew? _____Yes_____No
Status: Active Status Date: 3/9/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBIN LEE BREAN _____
Location: VERDE CANYON RAILROAD _____
300 N BROADWAY #1 _____
CLARKDALE, AZ 86324 _____
Business Phone: (928)639-0010 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 12133099 Renew? _____Yes_____No
Status: Active Status Date: 12/22/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBIN LEE BREAN _____
Location: VERDE CANYON RAILROAD _____
300 N BROADWAY _____
CLARKDALE, AZ 86324 _____
Business Phone: (928)639-0010 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150003

ELIZABETH WILSON
GAS PLUS
421 E SHELDON ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133206         Renew? ______Yes_____No
Status:   Active           Status Date:     5/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GAS PLUS                      _________________
          421 E SHELDON ST              _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150004

MICHAEL ANTHONY BACON
LANCASTER WINGS WEST II LLC
BUFFALO WILD WINGS GRILL & BAR
2985 CENTRE CT
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133291         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL ANTHONY BACON         ___________________
Location: BUFFALO WILD WINGS GRILL & BAR___________________
          2985 CENTRE CT                ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-9800       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150005

DAVID WAYNE HALLUM
HALLUM INC
FLYZ
P O BOX 3040
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133218         Renew? ______Yes_____No
Status:   Active           Status Date:     8/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID WAYNE HALLUM            ___________________
Location: FLYZ                          ___________________
          2889 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-6533       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150006

MYONG SIM WILLIAMS
MYRO I LLC
MULTI-MART
90 N SOUTHFORK DR
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113156         Renew? ______Yes_____No
Status:   Active           Status Date:     10/10/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MYONG SIM WILLIAMS            _________________
Location: MULTI-MART                    _________________
          3902 W FRONTIER ST            _________________
          ELOY, AZ 85231                _________________
Business Phone:     (480)862-3235       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150007

GARY MICHAEL JOHNSON
MACAYO CASA GRANDE LLC
MACAYO MEXICAN KITCHEN
1480 E BETHANY HOME RD STE 130
PHOENIX AZ 85014

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113149         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY MICHAEL JOHNSON          ___________________
Location: MACAYO MEXICAN KITCHEN        ___________________
          1564 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (602)212-2436       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150008

LISA MICHELLE NEIDEF RHODES
REVELATION WINES LLC
REVELATION WINES
P O BOX 2564
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133271         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA MICHELLE NEIDEF RHODES   __________________
Location: REVELATION WINES              __________________
          102 E PIMA ST                 __________________
          COTTONWOOD, AZ 86326          __________________
Business Phone:     (928)593-9694       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  13133046         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA MICHELLE NEIDEF RHODES   __________________
Location: REVELATION WINES              __________________
          102 E PIMA ST                 __________________
          COTTONWOOD, AZ 86326          __________________
Business Phone:     (928)593-9694       __________

Renewal Fees:
     License Renewal:                   100.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150009

CARLO M KARIMNEJAD
DGAS INC
GOLD CANYON GOLF RESORT
6100 S KINGS RANCH RD
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110073         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CARLO M KARIMNEJAD            ___________________
Location: GOLD CANYON GOLF RESORT       ___________________
          6100 S KINGS RANCH RD         ___________________
          GOLD CANYON, AZ 85218         ___________________
Business Phone:     (480)671-5533       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150010

JASON BARCLAY MORRIS
ARIZONA CVS STORES LLC
CVS/PHARMACY #9293
2525 E ARIZONA BILTMORE CIR #A-212
PHOENIX AZ 85016

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110045 Renew? _____Yes_____No
Status: Active Status Date: 9/15/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #9293 _____
325 W APACHE TRL _____
APACHE JUNCTION, AZ 85120 _____
Business Phone: (480)983-1129 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09135001 Renew? _____Yes_____No
Status: Active Status Date: 8/5/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY # 5983 _____
3025 N WINDSONG DR _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130037 Renew? _____Yes_____No
Status: Active Status Date: 9/15/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS PHARMACY # 9343 _____
506 N MILLER VALLEY RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)442-0312 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130035 Renew? _____Yes_____No
Status: Active Status Date: 9/15/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #9319 _____
1179 S HWY 260 _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)643-2147 _____

Renewal Fees:

```
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

--------------------------------------------------------------------------------
License#  09135000         Renew? ______Yes_____No
Status:   Active           Status Date:     6/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASON BARCLAY MORRIS          ___________________
Location: CVS/PHARMACY #9266            ___________________
          522 FINNIE FLAT RD #A         ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-2274       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150011

NOEL ARTURO FLORES
ARTURO'S MEXICAN RESTAURANT INC
ARTURO'S MEXICAN RESTAURANT
900 S STATE ROUTE 89
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 12133508 Renew? _____Yes_____No
Status: Active Status Date: 3/2/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NOEL ARTURO FLORES _____
Location: ARTURO'S MEXICAN RESTAURANT _____
503 MILLER VALLEY RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)445-5787 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12133245 Renew? _____Yes_____No
Status: Active Status Date: 9/3/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NOEL ARTURO FLORES _____
Location: ARTURO'S MEXICAN RESTAURANT _____
744 S HWY 89 STE A _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (928)636-0221 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12133619 Renew? _____Yes_____No
Status: Active Status Date: 6/9/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NOEL ARTURO FLORES _____
Location: ARTURO'S MEXICAN RESTAURANT _____
900 S STATE ROUTE 89 _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (928)636-0221 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150012

RICHARD JOSEPH CANTERE
MOOSE LODGE #319
MOOSE LODGE #319
6501 E 6TH ST
PRESCOTT AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14133002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD JOSEPH CANTERE        ___________________
Location: MOOSE LODGE #319              ___________________
          6501 E 6TH ST                 ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-3700       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150013

MARIA ALDACO
GUIMA LLC
CASA CHICA
443 W BUTTERFIELD RD
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133153         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA  ALDACO                 _________________
Location: CASA CHICA                    _________________
          316 W PERKINSVILLE RD         _________________
          CHINO VALLEY, AZ 86323        _________________
Business Phone:     (928)636-7772       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150014

EDWARD H JOHNSON, JR.
JOHNSON EDWARD ET AL
I-40 CHEVRON
P O BOX 68
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130038         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD H JOHNSON, JR.         ___________________
Location: I-40 CHEVRON                  ___________________
          I-40 MP 123                   ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (520)422-3540       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150015

LYNN CURTIS HEGLIE
COWBOY ANGEL HEAVEN LLC
PORTER'S CAFE
PO BOX 334
SUPERIOR AZ 85173

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113185         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LYNN CURTIS HEGLIE            ___________________
Location: PORTER'S CAFE                 ___________________
          404 W MAIN ST                 ___________________
          SUPERIOR, AZ 85173            ___________________
Business Phone:     (520)689-5003       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150016

ARTHUR THOMAS KNELL, SR.
BPOE #2291
BPOE #2291
P O BOX 155
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14130003         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARTHUR THOMAS KNELL, SR.      __________________
Location: BPOE #2291                    __________________
          110 AIRPORT RD                __________________
          SEDONA, AZ 86336              __________________
Business Phone:     (928)282-7571       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150017

AMY DIONNE BROWN
MONGO'S LLC
SCHOOLHOUSE RESTAURANT
7000 HWY 179 #C 106
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133579         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY DIONNE BROWN              ___________________
Location: SCHOOLHOUSE RESTAURANT        ___________________
          7000 HWY 179 #C 106           ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-2240       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150018

JERRY PAUL VOJNIC
PAUL & JERRY'S SALOON LLC
PAUL & JERRY'S SALOON
P O BOX C
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130062         Renew? ______Yes_____No
Status:   Active           Status Date:     4/1/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERRY PAUL VOJNIC             ___________________
Location: PAUL & JERRY'S SALOON         ___________________
          206 MAIN ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)634-2603       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150019

WAIMAN CHOW
WAI ENTERPRISES INC
ELOY'S OK MARKET
P O BOX 975
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  09110047         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WAIMAN  CHOW                  _________________
Location: ELOY'S OK MARKET              _________________
          218 W FRONTIER                _________________
          ELOY, AZ 85231                _________________
Business Phone:     (520)560-2174       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150020

ALEXANDER JOSEPH GOETTING
VERDE BREWING COMPANY LLC
VERDE BREWING COMPANY
2530 S ANAPAYA LN
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133592         Renew? ______Yes_____No
Status:   Active           Status Date:     11/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEXANDER JOSEPH GOETTING     ___________________
Location: VERDE BREWING COMPANY         ___________________
          325 S MAIN ST                 ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-7033       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150021

ANDREA DAHLMAN LEWKOWITZ
RMH FRANCHISE CORPORATION
APPLEBEE'S NEIGHBORHOOD GRILL & BAR
P O BOX 21960
LINCOLN NE 68542-1960

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133580         Renew? ______Yes_____No
Status:   Active           Status Date:     4/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: APPLEBEE'S NEIGHBORHOOD GRILL & BAR___________________
          1881 E HWY 69                 ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-8787       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150022

ANDREA DAHLMAN LEWKOWITZ
WALGREEN ARIZONA DRUG CO
WALGREENS #4188
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110003 Renew? _____Yes_____No
Status: Active Status Date: 9/30/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #4188 _____
55 W APACHE TR _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (602)864-0176 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110072 Renew? _____Yes_____No
Status: Active Status Date: 11/24/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #09460 _____
40663 N GANTZEL RD _____
SAN TAN VALLEY, AZ 85140 _____
Business Phone: (480)214-1680 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110020 Renew? _____Yes_____No
Status: Active Status Date: 6/11/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #04344 _____
1514 E FLORENCE BLVD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)836-2787 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130012 Renew? _____Yes_____No
Status: Active Status Date: 6/26/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #4065 _____
1995 HWY 89A _____
SEDONA, AZ 86336 _____
Business Phone: (520)282-2528 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130016 Renew? _____Yes_____No
Status: Active Status Date: 10/16/1991
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #2555 _____
178 E SHELDON _____
PRESCOTT, AZ 86301 _____
Business Phone: (602)864-0176 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113189 Renew? _____Yes_____No
Status: Active Status Date: 4/1/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #01076 _____
333 E HUNT HIGHWAY _____
QUEEN CREEK, AZ 85142 _____
Business Phone: (480)987-6293 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113190 Renew? _____Yes_____No
Status: Active Status Date: 2/18/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #09652 _____
1575 N ARIZONA BLVD _____
COOLIDGE, AZ 85228 _____
Business Phone: (520)723-5480 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113192 Renew? _____Yes_____No
Status: Active Status Date: 2/18/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #10505 _____
2785 N PINAL AVE _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)421-0031 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113193 Renew? _____Yes_____No
Status: Active Status Date: 2/18/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #06129 _____
2021 N PINAL AVE _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)876-0265 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113195 Renew? _____Yes_____No
Status: Active Status Date: 4/5/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #09264 _____
21274 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85239 _____
Business Phone: (520)568-0672 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113196 Renew? _____Yes_____No
Status: Active Status Date: 2/18/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #10998 _____
2483 E FLORENCE BLVD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)836-1185 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113197 Renew? _____Yes_____No
Status: Active Status Date: 2/18/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #06440 _____
6951 S KINGS RANCH RD _____
GOLD CANYON, AZ 85218 _____
Business Phone: (480)288-7208 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113198 Renew? _____Yes_____No
Status: Active Status Date: 5/5/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #06333 _____
2440 S IRONWOOD DR _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (480)288-0428 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10113199 Renew? _____Yes_____No
Status: Active Status Date: 5/5/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #09840 _____
3111 W HUNT HWY _____
QUEEN CREEK, AZ 85242 _____
Business Phone: (480)214-2561 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133209 Renew? _____Yes_____No
Status: Active Status Date: 4/1/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #09292 _____
1310 WILLOW CREEK RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)227-9965 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133211 Renew? _____Yes_____No
Status: Active Status Date: 4/1/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #06666 _____
2880 N CENTRE CRT _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-4938 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133213 Renew? _____Yes_____No
Status: Active Status Date: 4/5/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #09571 _____
1020 N STATE RT 89 _____
CHINO VALLEY, AZ 96323 _____
Business Phone: (928)636-2986 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133214 Renew? _____Yes_____No
Status: Active Status Date: 2/18/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #12385 _____
475 W FINNIE FLATS RD _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)239-3187 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133210 Renew? _____Yes_____No
Status: Active Status Date: 4/1/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: WALGREENS #05567 _____
550 S MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)649-3850 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies);

2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150023

DEBORAH DIANE GARRISON
1044 LLC
SMALL BATCH WINE & SPIRITS
1042 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130001         Renew? ______Yes_____No
Status:   Active           Status Date:     3/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH DIANE GARRISON        ___________________
Location: SMALL BATCH WINE & SPIRITS    ___________________
          1044 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-7678       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  10133276         Renew? ______Yes_____No
Status:   Active           Status Date:     10/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH DIANE GARRISON        ___________________
Location: SMALL BATCH WINE & SPIRITS    ___________________
          1044 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-7678       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150024

HUEI SHUN CHEN
BONSAI BISTRO LLC
BONSAI BISTRO
1060 S MORNING LIGHT CT
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133591         Renew? ______Yes_____No
Status:   Active           Status Date:     8/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HUEI SHUN  CHEN               ___________________
Location: BONSAI BISTRO                 ___________________
          747 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-8989       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150025

LINDA KAY COLES
JOHN S COLES INC
BEAVER CREEK GAS MART
P O BOX 435
RIMROCK AZ 86335

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133205         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA KAY COLES               ___________________
Location: BEAVER CREEK GAS MART         ___________________
          3675 E BEAVER CREEK RD        ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (928)592-0300       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150026

DANIEL LEROY BASINGER
V F W #541
V F W #541
P O BOX 418
PRESCOTT AZ 86302

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL LEROY BASINGER         _________________
Location: V F W #541                    _________________
          202 N ARIZONA                 _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)776-1125       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150027

LOUIS JOHNNY MANUEL, JR.
AK-CHIN INDIAN COMMUNITY
HARRAH'S PHOENIX AK-CHIN
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06110063 Renew? _____Yes_____No
Status: Active Status Date: 9/4/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LOUIS JOHNNY MANUEL, JR. _____
Location: HARRAH'S PHOENIX AK-CHIN _____
42507 W PETERS & NALL RD _____
MARICOPA, AZ 85239 _____
Business Phone: (520)568-1000 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06110008 Renew? _____Yes_____No
Status: Active Status Date: 10/25/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: AK-CHIN CIRCLE-MULTI-TAINMENT CENTER_____
16000 N MARICOPA RD _____
MARICOPA, AZ 85139 _____
Business Phone: (760)597-5777 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 06110021 Renew? _____Yes_____No
Status: Active Status Date: 9/23/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: AK-CHIN SOUTHERN DUNES GOLF CLUB_____
48456 W HYW 238 _____
MARICOPA, AZ 85139 _____
Business Phone: (520)426-6829 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 10113224 Renew? _____Yes_____No
Status: Active Status Date: 7/19/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: NORMAN POTTER _____
Location: VEKOL MARKET _____
47021 W FARRELL RD _____
MARICOPA, AZ 85139 _____

Business Phone: (520)568-1000 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150028

LAWRENCE WILLIAM VOLLERT
CITY OF PRESCOTT
ANTELOPE HILLS GOLF COURSE
201 S CORTEZ ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05130002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE WILLIAM VOLLERT      ___________________
Location: ANTELOPE HILLS GOLF COURSE    ___________________
          1 PERKINS DR                  ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)776-7888       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150029

GARY R MENDOZA
MINER'S GRILL LLC
MINER'S GRILL
22003 N 61ST AVE
GLENDALE AZ 85310

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110015         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY R MENDOZA                _________________
Location: MINER'S GRILL                 _________________
          4650 N MAMMOTH MINE RD        _________________
          APACHE JUNCTION, AZ 85219     _________________
Business Phone:     (602)983-9591       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150030

ANDREA DAHLMAN LEWKOWITZ
AUGIE'S PRESCOTT LLC
AUGIE'S PRESCOTT
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133576         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: AUGIE'S PRESCOTT              _________________
          1721 E STATE HWY 69           _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)777-0330       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150031

JENNIFER ERIN BROWN
G'S BURGERS
PO BOX 175
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133596         Renew? ______Yes_____No
Status:   Active           Status Date:     12/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: G'S BURGERS                   _________________
          1220 S EASTERN #A             _________________
          CORNVILLE, AZ 86325           _________________
Business Phone:     (928)230-4107       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150032

DANIEL EDWARD COHEN
BELLA VITA RESTAURANTE LLC
BELLA VITA RISTAURANTE
P O BOX 3982
SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133601         Renew? ______Yes_____No
Status:   Active           Status Date:     3/3/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL EDWARD COHEN           ___________________
Location: BELLA VITA RISTAURANTE        ___________________
          6701 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-4540       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150033

CHONG H LEE
KO-A BAR
201 E 2ND ST
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110081         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: KO-A BAR                      _________________
          7190 S SUNLAND GIN RD         _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)466-3153       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150034

ERIKO HORIKAWA
ESOJI LLC
ESOJI
220 W GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133350         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIKO  HORIKAWA               ___________________
Location: ESOJI                         ___________________
          220 W GURLEY                  ___________________
          PRESCOTT, AZ 86301-7832       ___________________
Business Phone:     (928)445-4787       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150035

JEFFREY PAT ERICKSON
RIVERBOTTOM BAR & GRILL LLC
RIVER BOTTOM GRILL
P O BOX 619
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110020         Renew? ______Yes_____No
Status:   Active           Status Date:     7/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY PAT ERICKSON          ___________________
Location: RIVER BOTTOM GRILL            ___________________
          2501 N HWY 79                 ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-3131       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150036

MARGARET ELIZABETH INGHAM
M DIAMOND GUESTHOUSE LLC
M DIAMOND GUESTHOUSE
9501 E AW TILLINGHAST RD
SCOTTSDALE AZ 85262

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133516         Renew? ______Yes_____No
Status:   Active           Status Date:     6/4/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARGARET ELIZABETH INGHAM     ___________________
Location: M DIAMOND GUESTHOUSE          ___________________
          3255 N FOREST RD 618          ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (928)300-6466       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150037

PEDRO MARTINEZ HERNANDEZ
FELI'S CUBAN KITCHEN LLC
FELI'S CUBAN KITCHEN
1584 E EAGLE COURT
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113237         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PEDRO  MARTINEZ HERNANDEZ     ___________________
Location: FELI'S CUBAN KITCHEN          ___________________
          109 E 2ND ST                  ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-2554       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150038

KIA T LAM
LAM KIA ET AL
STOP BY
P O BOX 11045
CASA GRANDE AZ 85230

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110060         Renew? ______Yes_____No
Status:   Active           Status Date:     1/17/1989
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIA T LAM                     _________________
Location: STOP BY                       _________________
          5000 N PINAL AVE              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     520-836-3213        __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150039

LETA MAE HOLLON
CREMA CAFE LLC
CREMA CAFE COFFEE & CREAMERY
917 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133452         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LETA MAE HOLLON               ___________________
Location: CREMA CAFE COFFEE & CREAMERY  ___________________
          917 N MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-5785       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150040

CLARE HOLLIE ABEL
COSTCO WHOLESALE CORP
COSTCO WHOLESALE #466
ATTN: LICENSING
999 LAKE DR
ISSAQUAH WA 98027

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130052         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             _________________
Location: COSTCO WHOLESALE #466         _________________
          3911 HYW 69                   _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (520)541-2203       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150041

ROMANO V SCATURRO
VINCE'S LITTLE STAR
P O BOX 421
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130058         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VINCE'S LITTLE STAR           _________________
          CORNVILLE RD ACROSS FROM POST OFFICE   __________________
          CORNVILLE, AZ 86325           _________________
Business Phone:     (520)634-4063       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150042

MEHMOOD MOHIUDDIN
HITCHING POST GOLD CANYON LLC
HITCHING POST GOLD CANYON
6030 S KINGS RANCH RD
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110014         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MEHMOOD  MOHIUDDIN            ___________________
Location: HITCHING POST GOLD CANYON     ___________________
          6030 S KINGS RANCH RD         ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (480)983-3333       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12113204         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MEHMOOD  MOHIUDDIN            ___________________
Location: HITCHING POST GOLD CANYON     ___________________
          6030 S KINGS RANCH RD         ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (480)983-3333       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150043

PAULA MARIE FARLEY
C STOP
7527 CLEAR SKY TR
PRESCOTT VALLEY AZ 86315

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133245         Renew? ______Yes_____No
Status:   Active           Status Date:     4/3/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: C STOP                        _________________
          335 GROVE AVE                 _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)776-8422       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150044

ROBERT PHILLIP BAUER
CITY OF CASA GRANDE
DAVE WHITE MUNICIPAL GOLF COURSE
MARY JOHNSON
PARKS & RECREATION DIRECTOR
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  05110002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT PHILLIP BAUER          ___________________
Location: DAVE WHITE MUNICIPAL GOLF COURSE___________________
          2121 N THORNTON RD            ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-9216       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150045

HOLLY LYN WAGNER
HOLLYS MARKET
15970 CORDES LAKES DR
CORDES LAKES AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133236         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HOLLYS MARKET                 _________________
          15970 CORDES LAKES DR         _________________
          CORDES LAKES, AZ 86333        _________________
Business Phone:     (928)632-1247       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150046

GREGORY JOHN SWIGUT
ARIVA LLC
PAPA'S ITALIAN RESTAURANT
4906 ANTOLOP DR
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133536         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGORY JOHN SWIGUT           ___________________
Location: PAPA'S ITALIAN RESTAURANT     ___________________
          129 1/2 N CORTEZ ST           ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)776-4880       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150047

KEVIN ARNOLD KRAMBER
SKY RANCH OPERATIONS LLC
SKY RANCH LODGE
536 E WAGON BLUFF DR
TUCSON AZ 85704

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130035         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          ___________________
Location: SKY RANCH LODGE               ___________________
          1105 AIRPORT RD               ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-6400       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150048

MERCY ONTIVEROS VASQUEZ
TACOS N' MORE MEXICAN GRILL LLC
TACOS N' MORE MEXICAN GRILL
21596 N JOHN WAYNE PKWY STE 104
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113197         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MERCY ONTIVEROS VASQUEZ       ___________________
Location: TACOS N' MORE MEXICAN GRILL   ___________________
          21596 N JOHN WAYNE PKWY #104   ___________________
          MARICOPA, AZ 85138            ___________________
Business Phone:     (520)568-9095       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150049

LI CHANG MA
TAM ENTERPRISES INC
CANTON DRAGON CHINESE CUISINE
377 N MONTEZUMA STE 105
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133052         Renew? ______Yes_____No
Status:   Active           Status Date:     3/5/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LI CHANG MA                   ___________________
Location: CANTON DRAGON CHINESE CUISINE ___________________
          377 N MONTEZUMA STE 105       ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)771-8118       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150050

DAN YUAN ZHEN
MOON CHINA LLC
MOON CHINA
1450 W GUADALUPE RD #109
GILBERT AZ 85233

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113160         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAN YUAN ZHEN                 _________________
Location: MOON CHINA                    _________________
          40975 N IRONWOOD DR. # B 112   __________________
          QUEEN CREEK, AZ 85242         __________________
Business Phone:     (480)734-8104       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150051

JUAN M PEREZ SANCHEZ
PUERTO VALLARTA LLC
PUERTO VALLARTA
11901 E STATE ROUTE 69
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133383         Renew? ______Yes_____No
Status:   Active           Status Date:     10/5/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUAN M PEREZ SANCHEZ          ___________________
Location: PUERTO VALLARTA               ___________________
          11901 E STATE ROUTE 69        ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)772-4460       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150052

GINA LEE DANIELS
DANIELS GINA ET AL
MINAMI
6586 HWY 179
SUITES A1/A5
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133212         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GINA LEE DANIELS              ___________________
Location: MINAMI                        ___________________
          6586 HWY 179 SUITE A1/A5      ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-0684       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150053

GREGORY THEODORE JOHN SENST
BURRO SALOON
8355 S HWY 89
WILHOIT AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06130072         Renew? ______Yes_____No
Status:   Active           Status Date:     6/23/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BURRO SALOON                  _________________
          HWY 89                        _________________
          WILHOIT, AZ 86301             _________________
Business Phone:     (928)442-3287       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150054

KELLY THOMAS KELLER
THYME IN A BOTTLE LLC
BIN 239
239 N MARINA ST STE 101
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133183         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KELLY THOMAS KELLER           _________________
Location: BIN 239                       _________________
          239 N MARINA ST STE 101       _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-3855       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  12133284         Renew? ______Yes_____No
Status:   Active           Status Date:     2/9/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KELLY THOMAS KELLER           _________________
Location: BIN 239                       _________________
          239 N MARINA ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-3855       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150055

JAMES EDWARD NEWBERRY
VINEYARD WINE BAR LLC
ANCIENT PILLARS TRADITIONAL GREEK CUISINE
1001 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  07130078         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES EDWARD NEWBERRY         _________________
Location: ANCIENT PILLARS TRADITIONAL GREEK CUISINE_________________
          1001 N MAIN ST                _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-1949       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150056

BRUCE WAYNE HOLBROOK
EXPRESS STOP AZ LLC
EXPRESS STOP #514
P O BOX 7090
MESA AZ 85216

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10113212 Renew? _____Yes_____No
Status: Active Status Date: 6/22/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: BRUCE WAYNE HOLBROOK _____
Location: EXPRESS STOP #514 _____
3160 N TOLTEC RD _____
ELOY, AZ 85231 _____
Business Phone: (520)466-1313 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113210 Renew? _____Yes_____No
Status: Active Status Date: 6/22/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: BRUCE WAYNE HOLBROOK _____
Location: EXPRESS STOP #504 _____
1000 W GILA BEND HWY _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)426-9569 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113209 Renew? _____Yes_____No
Status: Active Status Date: 6/22/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: BRUCE WAYNE HOLBROOK _____
Location: EXPRESS STOP #115 _____
HWY 60-70 & WESTERN AVE _____
SUPERIOR, AZ 85273 _____
Business Phone: (520)689-5554 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113211 Renew? _____Yes_____No
Status: Active Status Date: 6/22/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: BRUCE WAYNE HOLBROOK _____
Location: EXPRESS STOP #509 _____
19590 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85139 _____
Business Phone: (520)568-4141 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133226 Renew? _____Yes_____No
Status: Active Status Date: 6/22/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: BRUCE WAYNE HOLBROOK _____
Location: EXPRESS STOP #508 _____
3179 WILLOW CREEK RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)776-4178 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133227 Renew? _____Yes_____No
Status: Active Status Date: 6/22/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: BRUCE WAYNE HOLBROOK _____
Location: EXPRESS STOP #507 _____
1897 PUEBLO RIDGE RD #A _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)567-1463 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133229 Renew? _____Yes_____No
Status: Active Status Date: 6/22/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: BRUCE WAYNE HOLBROOK _____
Location: EXPRESS STOP #105 _____
1555 E HWY 69 _____
PRESCOTT, AZ 86301 _____
Business Phone: (520)445-2366 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____

(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____

Month Year

My commission expires on: _____

_____

Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150057

OLIVIA DIAZ
EL PATIO BAR & GRILL
1955 E CORNVILLE RD
RIMROCK AZ 86335

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133466         Renew? ______Yes_____No
Status:   Active           Status Date:     8/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EL PATIO BAR & GRILL          _________________
          1955 E CORNVILLE RD           _________________
          RIMROCK, AZ 86335             _________________
Business Phone:     (928)592-0340       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133514         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EL PATIO BAR & GRILL          _________________
          1695 E COTTONWOOD #J          _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-0158       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150058

LYNN PATRICIA VAN DER HEYDEN
ELKS' THEATRE & PERFORMING ARTS CENTER
ELKS THEATRE & PERFORMING ARTS CENTER
117 E GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07137003         Renew? ______Yes_____No
Status:   Active           Status Date:     12/24/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LYNN PATRICIA VAN DER HEYDEN  ___________________
Location: ELKS THEATRE & PERFORMING ARTS CENTER_________________
          117 E GURLEY ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)777-1366       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150059

USMAN HANIF
SALT N PEPPER #3 LLC
SALT N PEPPER #3
110 N REDDINGTON RD
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113118         Renew? ______Yes_____No
Status:   Active           Status Date:     3/10/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    USMAN  HANIF                  __________________
Location: SALT N PEPPER #3              __________________
          110 N REDDINGTON RD           __________________
          SAN MANUEL, AZ 85631          __________________
Business Phone:     (520)385-2525       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150060

CIRO GUTIERREZ ESCAMILLA
ROCKIN B SALOON
625 STATE ROUTE 89A
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130012         Renew? ______Yes_____No
Status:   Active           Status Date:     12/19/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ROCKIN B SALOON               _________________
          625 E HWY 89A                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)202-3446       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150061

HELEN C CAIN
HENDERSON RANCH
P O BOX 14
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130010         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HENDERSON RANCH               _________________
          ZANE GREY HWY 1 MI E          _________________
          DEWEY, AZ 86327               _________________
Business Phone:     (928)632-7864       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150062

KATHERINE HAZEL MCLEAN
DARLING K ENTERPRISES LLC
THUMB BUTTE PIT STOP
1451 W GURLEY ST
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133263         Renew? ______Yes_____No
Status:   Active           Status Date:     4/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KATHERINE HAZEL MCLEAN        _________________
Location: THUMB BUTTE PIT STOP          _________________
          1451 W GURLEY ST              _________________
          PRESCOTT, AZ 86305            _________________
Business Phone:     (928)277-1390       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150063

JOHN JEFFREY SMEDSTAD
ELOTE INC
ELOTE CAFE
771 STATE RT 179
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133393         Renew? ______Yes_____No
Status:   Active           Status Date:     1/8/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN JEFFREY SMEDSTAD         ___________________
Location: ELOTE CAFE                    ___________________
          771 HWY 179                   ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)203-0105       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150064

JAMES BOYD CLAYTON
CONGRESS MANAGEMENT GROUP LLC
SMALLMART EXPRESS
P O BOX 1899
OVERGAARD AZ 85933

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133174         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES BOYD CLAYTON            ___________________
Location: SMALLMART EXPRESS             ___________________
          26645 S HWY 89                ___________________
          CONGRESS, AZ 85332            ___________________
Business Phone:     (928)427-9864       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150065

JOHN MIKE MCLOUGHLIN
CELLAR 433 INC
CELLAR 433
7235 E HAMPTON #110
MESA AZ 85209

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130018         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN MIKE MCLOUGHLIN          ___________________
Location: CELLAR 433                    ___________________
          240 HULL ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)634-7033       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  13133017         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN MIKE MCLOUGHLIN          ___________________
Location: CELLAR 433                    ___________________
          240 HULL ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)634-7033       __________

Renewal Fees:
     License Renewal:                   100.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150066

MIGUEL ALEJANDRO SANTANA
EL TOREO LLC
EL TOREO
2181 E HWY 89A
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133434         Renew? ______Yes_____No
Status:   Active           Status Date:     4/20/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MIGUEL ALEJANDRO SANTANA      ___________________
Location: EL TOREO                      ___________________
          2181 E HWY 89A                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-0416       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150067

HARLAND WILSON CONOVER, JR.
CONAC LLC
TONYS PLACE
P O BOX 25458
PRESCOTT VALLEY AZ 86312

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130050         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HARLAND WILSON CONOVER, JR.   __________________
Location: TONYS PLACE                   __________________
          8624 VALLEY DR                __________________
          PRESCOTT VALLEY, AZ 86314     __________________
Business Phone:     (928)772-9954       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150068

ADAM HEATH SWARTWOUT
SKYVIEW BUILDERS LLC
GURLEY STREET SPORTS PUB
801 E GURLEY
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130069         Renew? ______Yes_____No
Status:   Active           Status Date:     6/28/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADAM HEATH SWARTWOUT          _________________
Location: GURLEY STREET SPORTS PUB      _________________
          801 E GURLEY                  _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-2491       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150069

RUBEN MARTINEZ
S & B FOOD ENTERPRISES INC
PIZZA HUT
P O BOX 721200
NORMAN OK 73070-4916

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07110018 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
714 E FLORENCE BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)836-8812 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 07110019 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
109 N ARIZONA BLVD _____
COOLIDGE, AZ 85228 _____
Business Phone: (520)723-7779 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 07130027 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
1231 IRON SPRINGS RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (520)778-5139 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 12133021 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
7430 PAV WAY _____
PRESCOTT VALLEY, AZ 86314 _____

Business Phone: (520)772-0222 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

License# 12133146 Renew? _____Yes_____No
Status: Active Status Date: 9/11/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: RUBEN MARTINEZ _____
Location: PIZZA HUT _____
312 MARKET PLACE DR _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (520)636-6400 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150070

FREDRICK G CREELEY
BPOE #2007
BPOE #2007
PO BOX 3
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110003         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FREDRICK G CREELEY            ___________________
Location: BPOE #2007                    ___________________
          143 8TH AVE                   ___________________
          SAN MANUEL, AZ 85631          ___________________
Business Phone:     (520)385-4041       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150071

ELAINE ELIZABETH WATSON
CRAZY HORSE SALOON LLC
CRAZY HORSE SALOON
904 S HWY 89
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130091         Renew? ______Yes_____No
Status:   Inactive         Status Date:     3/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELAINE ELIZABETH WATSON       ___________________
Location: CRAZY HORSE SALOON            ___________________
          904 S HWY 89                  ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)636-4697       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150072

THOMAS ROBERT AGUILERA
VARGAS FRONTIER LLC
VIKTORIAS NIGHT CLUB
4554 E CAMP LOWELL DR
TUCSON AZ 85712

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110003         Renew? ______Yes_____No
Status:   Pending          Status Date:     4/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS ROBERT AGUILERA        ___________________
Location: VIKTORIAS NIGHT CLUB          ___________________
          300 E FRONTIER ST             ___________________
          ELOY, AZ 85131                ___________________
Business Phone:     (520)466-9000       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150073

JANA LYNN HARRIS
BIG EASY
PO BOX 12946
PRESCOTT AZ 86304

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07133001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BIG EASY                      _________________
          125 N MCCORMICK ST            _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150074

WEN SHENG ZHONG
BIG WA TWO LLC
BIG WA CHINESE RESTAURANT
1450 W GUADALUPE RD #109
GILBERT AZ 85233

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113173         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WEN SHENG ZHONG               ___________________
Location: BIG WA CHINESE RESTAURANT     ___________________
          519 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)421-7111       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150075

NATHAN ANDREW WAGNER
NATE'S COWBOY CAFE LLC
NATE'S COWBOY CAFE
BOX 34
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133558         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NATHAN ANDREW WAGNER          ___________________
Location: NATE'S COWBOY CAFE            ___________________
          1481 PALOMA WAY STATE ROUTE   ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)639-3838       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150076

AMY S NATIONS
LOS CABALLEROS INC
NATIVE GRILL & WINGS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110059         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY S NATIONS                 ___________________
Location: NATIVE GRILL & WINGS          ___________________
          665 N PINAL AVE               ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)350-7769       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150077

NAK SUNG SONG
COTTONWOOD CONVENIENCE DEPOT
3943 N CREOSOTE CT
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113165         Renew? ______Yes_____No
Status:   Active           Status Date:     4/7/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: COTTONWOOD CONVENIENCE DEPOT  ___________________
          623 E COTTONWOOD LN           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)374-2577       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150078

ROGER KENNETH BURTON
WESTERN REFINING RETAIL LLC
GIANT STORE #671
1250 W WASHINGTON ST #101
TEMPE AZ 85281

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10113259 Renew? _____Yes_____No
Status: Active Status Date: 4/23/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE #671 _____
400 AVENUE A _____
SAN MANUEL, AZ 85631 _____
Business Phone: (520)385-2813 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113258 Renew? _____Yes_____No
Status: Active Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE #667 _____
6466 N HWY 77 _____
DUDLEYVILLE, AZ 85292 _____
Business Phone: (520)357-6547 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113255 Renew? _____Yes_____No
Status: Active Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE #647 _____
520 N PINAL PKWY _____
FLORENCE, AZ 85132 _____
Business Phone: (520)568-9500 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113257 Renew? _____Yes_____No
Status: Active Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE #653 _____
780 N ARIZONA BLVD _____
COOLIDGE, AZ 85128 _____
Business Phone: (520)723-9438 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113256 Renew? _____Yes_____No
Status: Active Status Date: 4/17/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE #650 _____
649 N PINAL PKWY _____
FLORENCE, AZ 85132 _____
Business Phone: (520)868-8915 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133285 Renew? _____Yes_____No
Status: Active Status Date: 6/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE # 016 _____
999 S MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-8459 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133284 Renew? _____Yes_____No
Status: Active Status Date: 6/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE # 070 _____
6509 HWY 179 _____
SEDONA, AZ 86351 _____
Business Phone: (928)284-9385 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133286 Renew? _____Yes_____No
Status: Active Status Date: 6/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROGER KENNETH BURTON _____
Location: GIANT STORE #003 _____
2960 W STATE ROUTE 89A _____
SEDONA, AZ 86336 _____
Business Phone: (928)282-0038 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150079

DOULGLAS BRIAN WHITE
DEAR CKS,LLC
CROWN KING SALOON & CAFE
P O BOX 267
CROWN KING AZ 86343

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130034         Renew? ______Yes_____No
Status:   Active           Status Date:     8/29/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DOULGLAS BRIAN WHITE          ___________________
Location: CROWN KING SALOON & CAFE      ___________________
          MAIN ST                       ___________________
          CROWN KING, AZ 86343          ___________________
Business Phone:     (928)632-7053       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150080

TROY CHARLES DEVOS
QUIKTRIP CORPORATION
QUIKTRIP #482
P O BOX 3475
ATTN LICENSING DEPT
TULSA OK 74101-3475

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110001 Renew? _____Yes_____No
Status: Active Status Date: 6/28/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #482 _____
1627 N PINAL AVE _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)876-9050 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10113120 Renew? _____Yes_____No
Status: Active Status Date: 9/22/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #499 _____
20530 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85139 _____
Business Phone: (520)568-1907 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10113121 Renew? _____Yes_____No
Status: Active Status Date: 4/6/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #495 _____
1766 W HUNT HWY _____
QUEEN CREEK, AZ 85142 _____
Business Phone: (480)655-5728 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10113143 Renew? _____Yes_____No
Status: Active Status Date: 3/6/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: TROY CHARLES DEVOS _____
Location: QUIKTRIP #437 _____
21 E OLD WEST HWY _____
APACHE JUNCTION, AZ 85119 _____
Business Phone: (480)288-9023 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150081

JESUS ALBERTO ZUNIGA GARCIA
LA IGUANA INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
21141 N JOHN WAYNE PKWY
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113245         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS ALBERTO ZUNIGA GARCIA   ___________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT___________________
          21141 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85139            ___________________
Business Phone:                         ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150082

MICHELLE JURISIN
JEROME BREWERY CORP
GRAPES RESTAURANT & BAR
P O BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133090         Renew? ______Yes_____No
Status:   Active           Status Date:     12/3/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHELLE  JURISIN             _________________
Location: GRAPES RESTAURANT & BAR       _________________
          111 MAIN ST                   _________________
          JEROME, AZ 86331              _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150083

BRENDA JOYCE DOEHRING
BARLEENS ARIZONA OPRY DINNER SHOW INC
BARLEENS ARIZONA OPRY DINNER SHOW
2275 OLD WEST HIGHWAY
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113090         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRENDA JOYCE DOEHRING         ___________________
Location: BARLEENS ARIZONA OPRY DINNER SHOW___________________
          2275 OLD WEST HIGHWAY         ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)982-7991       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150084

PATRICK JOHN SCHWEISS
SEDONA INTERNATIONAL FILM FESTIVAL & WORKSHOP INC
SEDONA INTERNATIONAL FILM FESTIVAL
P O BOX 162
SEDONA AZ 86339

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  07130056         Renew? ______Yes_____No
Status:   Active           Status Date:     1/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK JOHN SCHWEISS         ___________________
Location: SEDONA INTERNATIONAL FILM FESTIVAL___________________
          2030 W SR 89A A1 A2           ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-1177       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150085

MELISSA GRIJALVA FLOREZ
COUNTRY CLUB F & B LLC
HOLIDAY INN
777 N PINAL AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11113003         Renew? ______Yes_____No
Status:   Active           Status Date:     5/11/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MELISSA GRIJALVA FLOREZ       _________________
Location: HOLIDAY INN                   _________________
          777 PINAL AVE                 _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)426-3500       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150086

ARTHUR A SANA
F&A LLC
CONGRESS GROCERY
704 E IRIS DR
GILBERT AZ 85296

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133216         Renew? ______Yes_____No
Status:   Active           Status Date:     6/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARTHUR A SANA                 ___________________
Location: CONGRESS GROCERY              ___________________
          22595 W HWY 71                ___________________
          CONGRESS, AZ 85332            ___________________
Business Phone:     (928)427-3814       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150087

LINDA SUE HARRISON
RL HEARTZ ENTERPRISES INC
SUZY Q
P O BOX 3561
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130039         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LINDA SUE HARRISON            ___________________
Location: SUZY Q                        ___________________
          962 S MAIN                    ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-7901       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150088

SCOTT ALAN MULLENEAUX
MULLENEAUX ENTERPRISES INC
PAULDEN PARK PLACE
P O BOX 1281
THATCHER AZ 85552

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133280         Renew? ______Yes_____No
Status:   Active           Status Date:     3/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT ALAN MULLENEAUX         ___________________
Location: PAULDEN PARK PLACE            ___________________
          23310 N HWY 89                ___________________
          PAULDEN, AZ 86334             ___________________
Business Phone:     (928)636-9404       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150089

MARY ELIZABETH GALE
MILE HIGH GRILL AND INN INC
MILE HIGH GRILL AND SPIRITS
P O BOX 1311
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133287         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY ELIZABETH GALE           ___________________
Location: MILE HIGH GRILL AND SPIRITS   ___________________
          309 MAIN ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)634-5094       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150090

MARTIN GALVEZ
MARIA'S RESTAURANT & CANTINA
6446 HWY 179 #212
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133102         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: MARIA'S RESTAURANT & CANTINA  ___________________
          6446 HWY 179 #212             ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)284-3739       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150091

SUSAN MARIE KAMINS
OUTLAWS ONLY LLC
OUTLAWS ONLY
P O BOX 1163
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133246         Renew? ______Yes_____No
Status:   Active           Status Date:     5/30/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SUSAN MARIE KAMINS            ___________________
Location: OUTLAWS ONLY                  ___________________
          34550 S OLD BLACK CANYON HWY   ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-9243       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150092

CLAY WILLIAM ROMO
CLAY ROMO LLC
LLOYD'S LIQUORS
1102 W IRON SPRINGS RD #2
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130047         Renew? ______Yes_____No
Status:   Active           Status Date:     12/22/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLAY WILLIAM ROMO             ___________________
Location: LLOYD'S LIQUORS               ___________________
          1102 IRON SPRINGS ROAD        ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)778-0310       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  09130042         Renew? ______Yes_____No
Status:   Active           Status Date:     12/22/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLAY WILLIAM ROMO             ___________________
Location: LLOYD'S LIQUORS               ___________________
          1102 IRON SPRINGS RD #1       ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (520)778-0310       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150093

BONNIE LYNN YOWMAN
TA OPERATING LLC
PETRO STOPPING CENTERS
ATTN GENERAL COUNSEL: TWO NEWTON PLACE
255 WASHINGTON ST #210
NEWTON MA 02458

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113219         Renew? ______Yes_____No
Status:   Active           Status Date:     3/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BONNIE LYNN YOWMAN            ___________________
Location: PETRO STOPPING CENTERS        ___________________
          5235 N SUNLAND GIN RD         ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)836-3983       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113175         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN LEE SOULIGNE            ___________________
Location: TRAVELCENTERS OF AMERICA      ___________________
          2929 S TOLTEC RD              ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)466-7363       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150094

EVA M CORNEJO
TERRENATE ENTERPRISES INC
EVA'S FINE MEXICAN FOOD
2033 N PINAL AVE
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06113002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EVA M CORNEJO                 __________________
Location: EVA'S FINE MEXICAN FOOD       __________________
          2033 N PINAL AVE              __________________
          CASA GRANDE, AZ 85222         __________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06110075         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FERNANDO M CORNEJO            __________________
Location: ROOSTERED JOJO'S              __________________
          2525 N PINAL AVE              __________________
          CASA GRANDE, AZ 85122         __________________
Business Phone:     (520)426-4266       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150095

RICHARD ALAN UNDERWOOD
UNDERWOOD RICHARD PARTNERSHIP
7-ELEVEN #17312C
1592 N CASA GRANDE AVE
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113229         Renew? ______Yes_____No
Status:   Active           Status Date:     10/2/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD ALAN UNDERWOOD        ___________________
Location: 7-ELEVEN #17312C              ___________________
          1592 N CASA GRANDE AVE        ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-1870       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150096

CHANH TRUNG HA
BAO & TRANG ENTERPRISES LLC
FAST MART
932 E STONEMAN PL
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09113000         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHANH TRUNG HA                _________________
Location: FAST MART                     _________________
          701 E FLORENCE BLVD           _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)421-3162       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150097

RONALD CHAD COOK
COOKEN HOLDINGS INC
FREEDOM STATION FAMILY FUN CENTER
3550 VALLEY VIEW DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133379         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD CHAD COOK              ___________________
Location: FREEDOM STATION FAMILY FUN CENTER___________________
          2992 N PARK AVE # A           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-4040       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150098

JAMES LEE VAN NESS, JR.
GOLD STAR NO II LLC
WICKENBURG MOBIL STATION
P O BOX 3315
WICKENBURG AZ 85358

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133146         Renew? ______Yes_____No
Status:   Active           Status Date:     9/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES LEE VAN NESS, JR.       ___________________
Location: WICKENBURG MOBIL STATION      ___________________
          37780 S VULTURE MINE RD       ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (928)684-6855       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150099

EDUARDO GONZALEZ ROMERO
CASA DE SUSHI LLC
SENOR SUSHI RESTAURANT
20372 N 55 DR
GLENDALE AZ 85308

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113247         Renew? ______Yes_____No
Status:   Active           Status Date:     10/22/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDUARDO  GONZALEZ ROMERO      ___________________
Location: SENOR SUSHI RESTAURANT        ___________________
          1601 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:                         ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150100

RAMESH CHANDRA SOMAIYA
RODEO LOUNGE LLC
RODEO LOUNGE
P O BOX 828
APACHE JUNCTION AZ 85117

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110076         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAMESH CHANDRA SOMAIYA        ___________________
Location: RODEO LOUNGE                  ___________________
          8333 E SUNRISE SKY DR         ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150101

RICKEY DALE GOODMAN
RCCG LLC
YUMMY'S DELI
5020 CACTUS PL
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133279         Renew? ______Yes_____No
Status:   Active           Status Date:     1/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICKEY DALE GOODMAN           ___________________
Location: YUMMY'S DELI                  ___________________
          810 E SHELDON ST              ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)708-9955       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150102

MICHAEL RAYMOND SALLY
D & M SALLY LLC
SALLY'S BBQ & TASTEBUDS PIZZA
2295 W ROPER LN
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133600         Renew? ______Yes_____No
Status:   Active           Status Date:     2/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL RAYMOND SALLY         ___________________
Location: SALLY'S BBQ & TASTEBUDS PIZZA ___________________
          334 S MONTEZUMA               ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)778-3340       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150103

LAWRENCE EUGENE HILL
BENT PROP SALOON & COOKERY LLC
BENT PROP SALOON & COOKERY
4830 N TAYLOR RD
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110086         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EUGENE HILL          ___________________
Location: BENT PROP SALOON & COOKERY    ___________________
          4830 N TAYLOR RD              ___________________
          ELOY, AZ 85131                ___________________
Business Phone:     (520)466-9268       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150104

DAVID GEORGE BEE
FTD ENTERPRISES LLC
SENOR SUSHI RESTAURANT
9657 E LAGUNA AZUL AVE
MESA AZ 85209

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06115002         Renew? ______Yes_____No
Status:   Inactive         Status Date:     2/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID GEORGE BEE              ___________________
Location: SENOR SUSHI RESTAURANT        ___________________
          1601 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150105

MARK STEPHEN MC BRADY
HUMBOLDT STATION INC
HUMBOLDT MARKET
PO BOX 815
HUMBOLDT AZ 86329

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133237         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK STEPHEN MC BRADY         ___________________
Location: HUMBOLDT MARKET               ___________________
          2735 S HWY 69                 ___________________
          DEWEY HUMBOLDT, AZ 86329      ___________________
Business Phone:     (928)632-5689       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150106

ANN LOUISE WOODRUFF
CLASSIC GRILLED CHEESE LLC
BIGA
2651 N BURNT RANCH DR
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133550         Renew? ______Yes_____No
Status:   Active           Status Date:     8/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANN LOUISE WOODRUFF           ___________________
Location: BIGA                          ___________________
          623 MILLER VALLEY RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)227-2543       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150107

LISA MICHELLE NEIDEF RHODES
YAVAPAI COMMUNITY COLLEGE
YAVAPAI COLLEGE PERFORMANCE HALL
P O BOX 2564
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05133002         Renew? ______Yes_____No
Status:   Active           Status Date:     10/23/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA MICHELLE NEIDEF RHODES   ___________________
Location: YAVAPAI COLLEGE PERFORMANCE HALL___________________
          1100 E SHELDON                ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)776-2010       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

-------------------------------------------------------------------------------
License#  13133045         Renew? ______Yes_____No
Status:   Active           Status Date:     7/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA MICHELLE NEIDEF RHODES   ___________________
Location: SOUTHWEST WINE CENTER         ___________________
          601 BLACK HILLS DR            ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)634-6576       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150108

RANDY D NATIONS
RLD GOLF COURSES LLC
MISSION ROYALE GOLF CLUB
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110038         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: MISSION ROYALE GOLF CLUB      ___________________
          11 SOUTH MISSION BLVD BLDG 1   ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)876-5335       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12113212         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: MISSION ROYALE GOLF CLUB      ___________________
          11 SOUTH MISSION BLVD BLDG 1   ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)876-5335       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150109

TAMERA DAWN ONTIVEROS
CORNVILLE COUNTRY MARKET LLC
CRAZY TONY'S
1669 E SANDY LN
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133259         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TAMERA DAWN ONTIVEROS         ___________________
Location: CRAZY TONY'S                  ___________________
          1220 S EASTERN DR             ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)639-3193       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133118         Renew? ______Yes_____No
Status:   Active           Status Date:     6/26/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY JESUS ONTIVEROS       ___________________
Location: CORNVILLE COUNTRY MARKET      ___________________
          9420 CORNVILLE RD             ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)639-2982       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150110

DAVID JOHN SEIGLER
SEIGLER ENTERPRISES LLC
DEVIL'S PANTRY
126 S MONTEZUMA RD
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133525         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID JOHN SEIGLER            ___________________
Location: DEVIL'S PANTRY                ___________________
          126 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)899-8878       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150111

LINDA KAREN GABRICK
PRESCOTT STATION RESTAURANT
200 E GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133599         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PRESCOTT STATION RESTAURANT   _________________
          200 E GURLEY ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-0133       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150112

JOSE JUAN LOMELI CARRILLO
JUANITAS TAQUERIA
P O BOX 4481
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133389         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: JUANITAS TAQUERIA             _________________
          611 E HIGHWAY 89A             _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-4670       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150113

CHRISTOPHER WILLIAM CLEMENTS
GOLDEN EAGLE DISTRIBUTORS INC
GOLDEN EAGLE DISTRIBUTORS
705 E AJO WAY
TUCSON AZ 85713

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04111000         Renew? ______Yes_____No
Status:   Active           Status Date:     6/20/1989
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER WILLIAM CLEMENTS  ___________________
Location: GOLDEN EAGLE DISTRIBUTORS     ___________________
          1000 N JEFFERSON AVE          ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)884-5999       __________

Renewal Fees:
     License Renewal:                  250.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            320.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150114

RANDY D NATIONS
OSH ENTERPRISE LLC
VENTURA MARKET
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110032         Renew? ______Yes_____No
Status:   Active           Status Date:     11/12/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: VENTURA MARKET                ___________________
          2528 E COPPER MINE RD         ___________________
          QUEEN CREEK, AZ 85243         ___________________
Business Phone:     (480)990-8136       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150115

RONALD ALAN WELTY
COWBOYS UP INC
COWBOYS UP INC
285 N APACHE TRL
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110082         Renew? ______Yes_____No
Status:   Active           Status Date:     2/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD ALAN WELTY             ___________________
Location: COWBOYS UP INC                ___________________
          285 N APACHE TR               ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)288-2727       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150116

RANDY D NATIONS
OLPW LLC
NATIVE GRILL & WINGS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113094         Renew? ______Yes_____No
Status:   Active           Status Date:     6/28/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: NATIVE GRILL & WINGS          ___________________
          21164 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-6077       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150117

CARLOS GUILLERM RUIZ
TAQUERIA GUADALAJARA
P O BOX 25845
PRESCOTT VALLEY AZ 86312

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133419         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TAQUERIA GUADALAJARA          _________________
          8028 E VALLEY RD              _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (520)775-4805       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150118

ABRAHAM LOPEZ ROMO
ROMO'S MEXICAN FOOD
107 MAIN
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12113183         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ROMO'S MEXICAN FOOD           _________________
          501 MCNAB                     _________________
          SAN MANUEL, AZ 85631          _________________
Business Phone:     (520)385-4355       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150119

ADRIAN ROBERT DARIMONT
O.I.S.H. LLC
ORACLE INN
P O BOX 430
ORACLE AZ 85623

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110038         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADRIAN ROBERT DARIMONT        _________________
Location: ORACLE INN                    _________________
          305 E AMERICAN AVE            _________________
          ORACLE, AZ 85623              _________________
Business Phone:     (520)896-3333       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150120

JESUS R ALVARADO
ALVARADO JESUS ET AL
ALVARADO MINI STORE
1002 E MEYERS BLVD
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10111022         Renew? ______Yes_____No
Status:   Active           Status Date:     10/30/1990
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS R ALVARADO              ___________________
Location: ALVARADO MINI STORE           ___________________
          1002 E MEYERS BLVD            ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)466-9594       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150121

GREGORY THEODORE JOHN SENST
GTJS INC
CATTLEMAN'S BAR & GRILL
669 E SHELDON ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133540         Renew? ______Yes_____No
Status:   Active           Status Date:     12/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GREGORY THEODORE JOHN SENST   __________________
Location: CATTLEMAN'S BAR & GRILL       __________________
          669 E SHELDON ST              __________________
          PRESCOTT, AZ 86301            __________________
Business Phone:     (928)445-4300       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150122

GEORGE IRA ATWELL
SADDLEBROOKE DEVELOPMENT CO INC
PRESERVE CLUB HOUSE
9532 E RIGGS RD
SUNLAKES AZ 85248

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110016         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE IRA ATWELL             ___________________
Location: PRESERVE CLUB HOUSE           ___________________
          66567 E CATALINA HILLS DR     ___________________
          TUCSON, AZ 85739              ___________________
Business Phone:     (520)818-1000       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150123

RAMON ABE TALAMANTES
LUPE'S RESTAURANTE INC
LUPITA'S RESTAURANT
HC 3 BOX 854
TUCSON AZ 85739

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113226         Renew? ______Yes_____No
Status:   Active           Status Date:     12/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAMON ABE TALAMANTES          ___________________
Location: LUPITA'S RESTAURANT           ___________________
          35480 S HIGHWAY 77/79         ___________________
          ORACLE JUNCTION, AZ 85739     ___________________
Business Phone:     (520)818-7855       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150124

JING H ZHEN
ZHEN'S CHINESE RESTAURANT INC
CHINA KING RESTAURANT
1450 W GUADALUPE STE 109
GILBERT AZ 85233

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110024         Renew? ______Yes_____No
Status:   Active           Status Date:     10/24/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JING H ZHEN                   ___________________
Location: CHINA KING RESTAURANT         ___________________
          1275 E FLORENCE BLVD #9       ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-9661       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150125

STEPHEN JAMES BUYSSE
BUYSSE FAMILY INC
FAMOUS PIZZA
2098 S PEARL DR
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130028         Renew? ______Yes_____No
Status:   Active           Status Date:     6/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN JAMES BUYSSE          ___________________
Location: FAMOUS PIZZA                  ___________________
          3190 W SR 89A                 ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-5464       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150126

WO JIAN ZHOU
GREAT WALL CHINESE RESTAURANT
6832 S KINGS RANCH RD #1
GOLD CANYON AZ 85218

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12113192         Renew? ______Yes_____No
Status:   Active           Status Date:     1/24/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: GREAT WALL CHINESE RESTAURANT ___________________
          6832 S KINGS RANCH RD #1      ___________________
          GOLD CANYON, AZ 85218         ___________________
Business Phone:     (480)982-2197       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150127

DIEP T TRAN
TRAN ET AL
STOP BY
215 W FRONTIER ST
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113084         Renew? ______Yes_____No
Status:   Active           Status Date:     9/22/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIEP T TRAN                   ___________________
Location: STOP BY                       ___________________
          215 W FRONTIER ST             ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)466-1937       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150128

JOHN BENEDICT FINNERTY
GREAT GAS
607 E HWY 89A
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133219         Renew? ______Yes_____No
Status:   Active           Status Date:     10/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GREAT GAS                     _________________
          607 E HWY 89A                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-5486       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150129

BRIAN ROGER FOOTE
FOOTE PROPERTIES LLC
CORRAL MARKET
P O BOX 16277
BELLEMONT AZ 86015

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133190         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRIAN ROGER FOOTE             ___________________
Location: CORRAL MARKET                 ___________________
          93 E LEWIS AVE                ___________________
          ASH FORK, AZ 86320            ___________________
Business Phone:     (928)637-2268       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150130

DARLENE A NEWLAND
BILLY JACKS SALOON-N-GRILL INC
BILLY JACKS SALOON-N-GRILL
8848 E CHERYL DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130030         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARLENE A NEWLAND             ___________________
Location: BILLY JACKS SALOON-N-GRILL    ___________________
          2555 HWY 69                   ___________________
          HUMBOLDT, AZ 86329            ___________________
Business Phone:     (928)632-8689       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150131

ALMA M FARRELL
HEADQUARTERS BUFFET
43983 W FARRELL RD
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06110024         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HEADQUARTERS BUFFET           _________________
          19640 N JOHNWAYNE PKWY        _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)568-2022       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150132

HALINA LANDE
EVERYTHING SMOKE LLC
21138 E VIA DEL ORO
QUEEN CREEK AZ 85142

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113204         Renew? ______Yes_____No
Status:   Active           Status Date:     12/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EVERYTHING SMOKE LLC          _________________
          13514 S SUNLAND GIN RD        _________________
          ARIZONA CITY, AZ 85123        _________________
Business Phone:     (520)494-8095       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150133

JAMES ROY MARTIN
SIDEKICKS SALOON LLC
SIDEKICKS SALOON
6851 E 1ST ST
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130048         Renew? ______Yes_____No
Status:   Active           Status Date:     7/7/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ROY MARTIN              ___________________
Location: SIDEKICKS SALOON              ___________________
          6851 E 1 ST                   ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)443-5536       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150134

JENNIFER LEWINE NAGEL
JEROME HOSPITALITY GROUP LLC
ASYLUM RESTAURANT
P O BOX 276
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133025         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER LEWINE NAGEL         ___________________
Location: ASYLUM RESTAURANT             ___________________
          200 HILL ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)639-3197       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150135

TABER LYLE ANDERSON
TALKING ROCK GOLF CLUB LLC
TALKING ROCK RANCH CLUB
2555 E CAMELBACK RD STE 770
PHOENIX AZ 85016

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130019         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TABER LYLE ANDERSON           ___________________
Location: TALKING ROCK RANCH CLUB       ___________________
          14975 TALKING ROCK RANCH RD   ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)493-2626       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  14133006         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TABER LYLE ANDERSON           ___________________
Location: TALKING ROCK RANCH CLUB       ___________________
          14975 TALKING ROCK RANCH RD   ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)493-2626       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150136

ANDREA DAHLMAN LEWKOWITZ
BLUESTAR RESORT & GOLF LLC
TRILOGY AT WICKENBERG RANCH
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130022         Renew? ______Yes_____No
Status:   Active           Status Date:     1/23/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: TRILOGY AT WICKENBERG RANCH   ___________________
          3312 MAVERICK DR              ___________________
          WICKENBURG, AZ 85390          ___________________
Business Phone:     (480)367-3610       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150137

KRYSTAL KAY BURGE
PRESCOTT OFFICE LLC
OFFICE RESTAURANT & BAR
P O BOX 3839
KINGMAN AZ 86402

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133226         Renew? ______Yes_____No
Status:   Active           Status Date:     4/28/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KRYSTAL KAY BURGE             ___________________
Location: OFFICE RESTAURANT & BAR       ___________________
          128 N CORTEZ ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-1211       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150138

GEORGE L HANSEN
KEARNY GOLF CLUB INC
KEARNY GOLF CLUB
P O BOX 927
KEARNY AZ 85237

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110006         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE L HANSEN               ___________________
Location: KEARNY GOLF CLUB              ___________________
          301 AIRPORT RD                ___________________
          KEARNY, AZ 85237              ___________________
Business Phone:     (520)363-7441       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150139

CYNTHIA MICHELLE MC CRAE
OLD STAGE PROPERTIES LLC
OLD STAGE STOP
4155 W OUTER LOOP RD
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133175         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CYNTHIA MICHELLE MC CRAE      _________________
Location: OLD STAGE STOP                _________________
          4155 W OUTERLOOP RD           _________________
          PRESCOTT, AZ 86305            _________________
Business Phone:     (928)445-7699       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150140

SANDRA LEE BAKER
G & S CROWN KING CAFE LLC
CROWN KING GENERAL STORE
P O BOX 427
CROWN KING AZ 86343

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133267         Renew? ______Yes_____No
Status:   Active           Status Date:     5/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANDRA LEE BAKER              ___________________
Location: CROWN KING GENERAL STORE      ___________________
          7251 MAIN ST                  ___________________
          CROWN KING, AZ 86343          ___________________
Business Phone:     (928)632-7911       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150141

EUNICE YONG LEE
SAY SUSHI
21101 N JOHN WAYNE PKWY #103
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113187         Renew? ______Yes_____No
Status:   Active           Status Date:     8/24/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SAY SUSHI                     _________________
          21101 N JOHN WAYNE PKWY #103   __________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)494-2233       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150142

MARIA GRACIA FIORDILINO
JABVM LLC
BROOKLYN BOYS PIZZERIA AND RESTAURANT
20800 N JOHN WAYNE PKWY
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113126         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA GRACIA FIORDILINO       ___________________
Location: BROOKLYN BOYS PIZZERIA AND RESTAURANT___________________
          20800 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85139            ___________________
Business Phone:     (520)868-6800       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150143

MARGARET ANN MC ALPINE
ROBERT FULTON POST #57 INC
ROBERT FULTON POST 57
PO BOX 45
ASH FORK AZ 86320

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133008         Renew? ______Yes_____No
Status:   Active           Status Date:     9/25/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARGARET ANN MC ALPINE        ___________________
Location: ROBERT FULTON POST 57         ___________________
          47006 N 3RD ST                ___________________
          ASH FORK, AZ 86320            ___________________
Business Phone:     (928)637-2254       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150144

KENT DAVID BRO
BRO RETAIL GROUP INC
4 SONS FOOD STORE #505
14644 N 74TH ST STE 101
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113043         Renew? ______Yes_____No
Status:   Active           Status Date:     12/7/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENT DAVID BRO                _________________
Location: 4 SONS FOOD STORE #505        _________________
          75 E 29TH AVE                 _________________
          APACHE JUNCTION, AZ 85219     _________________
Business Phone:     (480)948-8955       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113044         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENT DAVID BRO                _________________
Location: 4 SONS FOOD STORE #501        _________________
          1633 W SUPERSTITION BLVD      _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (520)982-5222       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150145

JERRY G ROBLES
CHATTER BOX
P O BOX 577
STANFIELD AZ 85172

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06110046         Renew? ______Yes_____No
Status:   Inactive         Status Date:     9/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CHATTER BOX                   _________________
          1118 E MAIN ST                _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-8132       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150146

MARTIN J WEBER
WEBER CORPORATION
WEBER'S IGA FOOD & DRUG
PO BOX 21059
SEDONA AZ 86341-1059

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130008         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARTIN J WEBER                _________________
Location: WEBER'S IGA FOOD & DRUG       _________________
          100 VERDE VALLEY SCHOOL RD    _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-1144       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150147

KEITH BRADFORD DISKIN
KEITH'S SPORTS CAFE
522 W FINNIE FLAT RD #G2
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133507         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: KEITH'S SPORTS CAFE           _________________
          522 W FINNIE FLAT RD #G2      _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-7157       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150148

BARBARA A PREDMORE
ALCANTARA LLC
ALCANTARA VINEYARDS & WINERY
P O BOX 64
COTTONWOOD AZ 86326-0064

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133010         Renew? ______Yes_____No
Status:   Active           Status Date:     10/3/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARBARA A PREDMORE            ___________________
Location: ALCANTARA VINEYARDS & WINERY  ___________________
          3445 S GRAPEVINE WAY          ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)830-0766       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150149

JESUS ALBERTO ZUNIGA GARCIA
LA UNION INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
8280 E SPOUSE DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133331         Renew? ______Yes_____No
Status:   Active           Status Date:     8/22/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS ALBERTO ZUNIGA GARCIA   ___________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT___________________
          8280 E SPOUSE DR              ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-7014       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150150

CLARE HOLLIE ABEL
DG RETAIL LLC
DOLLAR GENERAL STORE #7336
100 MISSION RIDGE
GOODLETTSVILLE TN 37072

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10113239 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #7336 _____
495 N PINAL PKWY AVE STE 10 _____
FLORENCE, AZ 85132 _____
Business Phone: (520)868-5389 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113237 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13383 _____
401 N HWY 77 _____
MAMMOTH, AZ 85618 _____
Business Phone: (520)487-0122 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113236 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13396 _____
1797 S ARIZONA BLVD _____
COOLIDGE, AZ 85128 _____
Business Phone: (520)233-7294 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113238 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #10333 _____
2406 W AMERICAN AVE _____
ORACLE, AZ 85623 _____
Business Phone: (520)896-2893 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113235 Renew? _____Yes_____No
Status: Active Status Date: 8/9/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #12042 _____
412 S SUNSHINE BLVD _____
ELOY, AZ 85131 _____
Business Phone: (520)466-1437 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113240 Renew? _____Yes_____No
Status: Active Status Date: 7/22/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #10351 _____
9275 W BATTAGLIA DR _____
ARIZONA CITY, AZ 85123 _____
Business Phone: (520)466-6551 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133253 Renew? _____Yes_____No
Status: Active Status Date: 9/6/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13618 _____
3255 E BEAVER CREEK RD _____
RIMROCK, AZ 86335 _____
Business Phone: (928)399-7170 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133244 Renew? _____Yes_____No
Status: Active Status Date: 5/3/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #13047 _____
3150 WILLOW CREEK RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)445-0993 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133251 Renew? _____Yes_____No
Status: Active Status Date: 7/8/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #12053 _____
408 S MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-9485 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133255 Renew? _____Yes_____No
Status: Active Status Date: 10/24/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #9943 _____
945 N HWY 89 _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (928)636-8087 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133254 Renew? _____Yes_____No
Status: Active Status Date: 10/24/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #11208 _____
1000 W FINNIE FLAT RD _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)567-3773 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133256 Renew? _____Yes_____No
Status: Active Status Date: 10/24/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: DOLLAR GENERAL STORE #12136 _____
3101 N NAVAJO DR _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-8986 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150151

VICTOR ONG
RVA ONG ENTERPRISE INC
CHENS CHINESE BISTRO
3281 N HUNT HWY #117
FLORENCE AZ 85232

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113165         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VICTOR  ONG                   ___________________
Location: CHENS CHINESE BISTRO          ___________________
          3281 N HUNT HWY #117          ___________________
          FLORENCE, AZ 85232            ___________________
Business Phone:     (520)723-6333       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150152

JOURDAN MICHAEL WHEELER
ORIGIN BISTRO LLC
ORIGIN BISTRO
1201 IRON SPRINGS RD #8
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133606         Renew? ______Yes_____No
Status:   Active           Status Date:     3/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOURDAN MICHAEL WHEELER       ___________________
Location: ORIGIN BISTRO                 ___________________
          3050 N WINDSONG DR #101       ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)277-8212       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150153

GARY MICHAEL JOHNSON
MACAYO PRESCOTT GATEWAY LLC
MACAYO MEXICAN KITCHEN
1480 E BETHANY HOME RD STE 130
PHOENIX AZ 85014

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133184         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY MICHAEL JOHNSON          ___________________
Location: MACAYO MEXICAN KITCHEN        ___________________
          3250 GATEWAY BLVD #528        ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)776-7711       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150154

EFREN SAENZ SANTA CRUZ
CAFE JOSE LLC
CAFE JOSE RESTAURANT
2370 W HWY 89A # 1
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133533         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EFREN SAENZ SANTA CRUZ        ___________________
Location: CAFE JOSE RESTAURANT          ___________________
          2370 W HWY 89A # 1&2          ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-0299       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150155

LISA DAHL
JUSTIN AND US LLC
CUCINA RUSTICA
7000 HWY 179 126 A
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133229         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA  DAHL                    _________________
Location: CUCINA RUSTICA                _________________
          7000 HWY 179 SUITE A126       _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-3010       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150156

JESUS ALBERTO ZUNIGA GARCIA
HERRADURA GOLD INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
991 S MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133265         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS ALBERTO ZUNIGA GARCIA   ___________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT___________________
          991 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)775-7014       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150157

RANDY LEE SCHULER
TARA THAI CUISINE 1 LLC
TARA THAI CUISINE
34 BELL ROCK PLAZA
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133317         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY LEE SCHULER             ___________________
Location: TARA THAI CUISINE             ___________________
          34 BELL ROCK PLAZA            ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-9167       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150158

H J LEWKOWITZ
LICENSING AZ-WI RANCH LLC
DENIM & DIAMONDS
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110060         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: DENIM & DIAMONDS              ___________________
          20585 E PRICE RD              ___________________
          FLORENCE, AZ 85232            ___________________
Business Phone:     (480)278-9773       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150159

CHRISTINE NICHOLE FOOTE
LULU BELLE'S BBQ LLC
LULU BELLE'S BBQ
P O BOX 16164
BELLEMONT AZ 86015

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133571         Renew? ______Yes_____No
Status:   Active           Status Date:     1/31/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTINE NICHOLE FOOTE       ___________________
Location: LULU BELLE'S BBQ              ___________________
          33 W LEWIS AVE                ___________________
          ASHFORK, AZ 86320             ___________________
Business Phone:     (928)637-9818       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150160

MADANLAL JAMNADAS PATEL
MARICOPA SHELL LLC
SHELL FOOD MART
P O BOX 669
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113109         Renew? ______Yes_____No
Status:   Active           Status Date:     8/23/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MADANLAL JAMNADAS PATEL       ___________________
Location: SHELL FOOD MART               ___________________
          19680 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-4114       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150161

JOSEPH MICHAEL BECHARD
COTTONTUCKY LLC
CHATEAU TUMBLEWEED
1151 W STATE ROUTE 89A
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133049         Renew? ______Yes_____No
Status:   Active           Status Date:     6/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH MICHAEL BECHARD        ___________________
Location: CHATEAU TUMBLEWEED            ___________________
          1151 W STATE ROUTE 89A        ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)351-1150       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

-------------------------------------------------------------------------------
License#  13133047         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH MICHAEL BECHARD        ___________________
Location: CHATEAU TUMBLEWEED            ___________________
          4626 OLD HWY 279 UNIT B       ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)351-1150       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150162

GEORGE IRA ATWELL
SADDLEBROOKE HOMEOWNERS' ASSOCIATION #2 INC
MOUNTAINVIEW COUNTRY CLUB
38759 S MOUNTAINVIEW BLVD
TUCSON AZ 85739

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06110002 Renew? _____Yes_____No
Status: Active Status Date: 9/1/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE IRA ATWELL _____
Location: MOUNTAINVIEW COUNTRY CLUB _____
38759 S MOUNTAINVIEW BLVD _____
TUCSON, AZ 85739 _____
Business Phone: (520)818-1000 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 12113124 Renew? _____Yes_____No
Status: Active Status Date: 9/27/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: GEORGE IRA ATWELL _____
Location: PRESERVE CLUB HOUSE _____
66567 E CATALINA HILLS DR _____
TUCSON, AZ 85739 _____
Business Phone: (520)818-1000 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150163

CELESTINO SOTO ZUNIGA
MARISCOS MAZATLAN
304 N CAMERON AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113057         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MARISCOS MAZATLAN             _________________
          1150 E FLORENCE BLVD STE 4    _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)316-9082       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150164

CAROLINA A SEPULVEDA
ANTUNEZ-SEPULVEDA CORP
MERCADO Y CARNICERIA EL PIMA
116 N CASA GRANDE AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113115         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROLINA A SEPULVEDA          ___________________
Location: MERCADO Y CARNICERIA EL PIMA  ___________________
          116 N CASA GRANDE AVE         ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)426-9332       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150165

KIMBERLY ANN GUETHLE
KG DOG RUN LLC
DOG RUN SALOON
1424 S PARK GROVE CIRCLE
GILBERT AZ 85296

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110070         Renew? ______Yes_____No
Status:   Active           Status Date:     11/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIMBERLY ANN GUETHLE          _________________
Location: DOG RUN SALOON                _________________
          320 W SUPERSTITION BLVD #111/112   __________________
          APACHE JUNCTION, AZ 85220     __________________
Business Phone:     (480)773-1758       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150166

SAMIR SHILAIMON KASHA
PINAL FOOD MARKET LLC
PINAL FOOD MARKET
P O BOX 2217
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110049         Renew? ______Yes_____No
Status:   Active           Status Date:     10/26/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMIR SHILAIMON KASHA         ___________________
Location: PINAL FOOD MARKET             ___________________
          90 N MAIN ST                  ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-5703       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150167

JEFFERY RICHARD KONOBECK
DARLYNE A KONOBECK IRREVOCABLE TRUST
DOUBLE D BAR
P O BOX 418
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130039         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFERY RICHARD KONOBECK      ___________________
Location: DOUBLE D BAR                  ___________________
          12910 E MAIN ST               ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (520)632-9211       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150168

WALTER BRENT KYTE
PIZZA HUT OF ARIZONA INC
PIZZA HUT #31
5902 E PIMA RD
TUCSON AZ 85712

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12111013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALTER BRENT KYTE             ___________________
Location: PIZZA HUT #31                 ___________________
          3720 W TOHONO DR              ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)466-9407       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150169

JON ROBERT MARCUS
AMIGOS DE VINO INC
ECHO CANYON VINEYARD & WINERY
3222 N ECHO CANYON RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JON ROBERT MARCUS             ___________________
Location: ECHO CANYON VINEYARD & WINERY ___________________
          3222 N ECHO CANYON RD         ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)634-8122       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150170

ERIC SYLVESTER JURISIN
TAVERN GRILLE INC
TAVERN GRILLE
P O BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133309         Renew? ______Yes_____No
Status:   Active           Status Date:     10/4/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC SYLVESTER JURISIN        ___________________
Location: TAVERN GRILLE                 ___________________
          914 N MAIN STREET             ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-6669       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150171

KAMAL PAMA MULCHANDANI
LUCKY BOB'S LIQUORS LLC
LUCKY BOB LIQUOR
431 W APACHE TRAIL
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110039         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KAMAL PAMA MULCHANDANI        ___________________
Location: LUCKY BOB LIQUOR              ___________________
          431 W APACHE TRL              ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)982-2581       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150172

JUAN ALFREDO LAMAS
SAN MIGUEL LLC
SAN MIGUEL GOLF CLUB
1505 N TOLTEC RD
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110055         Renew? ______Yes_____No
Status:   Active           Status Date:     2/23/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUAN ALFREDO LAMAS            _________________
Location: SAN MIGUEL GOLF CLUB          _________________
          1505 N TOLTEC RD              _________________
          ELOY, AZ 85131                _________________
Business Phone:     (520)466-7734       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150173

DIEP T TRAN
THREE TRAN PARTNERSHIP
STOP BY
7865 N OVERFIELD RD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113078         Renew? ______Yes_____No
Status:   Active           Status Date:     10/29/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIEP T TRAN                   ___________________
Location: STOP BY                       ___________________
          OVERFIELD & WOODRUFF RD       ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-5121       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150174

PAMELA JANE NIX
R W CONSULTING LLC
CHAPARRAL BAR
P O BOX 1672
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130033         Renew? ______Yes_____No
Status:   Active           Status Date:     7/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAMELA JANE NIX               ___________________
Location: CHAPARRAL BAR                 ___________________
          325 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-2131       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150175

PRISCA TY MORELAND
CLARKDALE NEWSTAND LLC
CLARKDALE NEWSTAND
P O BOX 1124
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130084         Renew? ______Yes_____No
Status:   Active           Status Date:     8/20/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PRISCA TY MORELAND            ___________________
Location: CLARKDALE NEWSTAND            ___________________
          911 N MAIN ST                 ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (520)634-5191       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150176

JOSE LUIS SEDANO
MORALES SEDANO RESTAURANT COMPANY LLC
CASA CARDENAS
8170 E DEBBIE DRIVE
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133447         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE LUIS SEDANO              ___________________
Location: CASA CARDENAS                 ___________________
          8176 FRONTAGE RD E HWY 69     ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-4184       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150177

STEFANIE ALVIDREZ
STANFIELD RANCH MARKET LLC
STANFIELD RANCH MARKET
P O BOX 249
STANFIELD AZ 85172

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113260         Renew? ______Yes_____No
Status:   Active           Status Date:     6/26/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEFANIE  ALVIDREZ            ___________________
Location: STANFIELD RANCH MARKET        ___________________
          36820 W HWY 84                ___________________
          STANFIELD, AZ 85172           ___________________
Business Phone:     (480)703-4809       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150178

GEOFFREY SHAWN CROOKS
CJ ENTERTAINMENT OF PRESCOTT LLC
BRICKS & BONES MOONSHINE BAR & BISTRO
214 S MONTEZUMA ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133554         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEOFFREY SHAWN CROOKS         ___________________
Location: BRICKS & BONES MOONSHINE BAR & BISTRO___________________
          214 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)778-0203       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150179

EDWARD JOSEPH KIPP
KIPP EDWARD ET AL
WILLOW LAKE RV & CAMPING PARK
2665 W BACA WY
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133019         Renew? ______Yes_____No
Status:   Active           Status Date:     11/18/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD JOSEPH KIPP            ___________________
Location: WILLOW LAKE RV & CAMPING PARK ___________________
          1617 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)445-6311       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150180

FARIS DAVID SUKKAR
SUPERIOR FARMERS MARKET LLC
FARMERS MARKET
460 E ALAMOSA DR
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113217         Renew? ______Yes_____No
Status:   Active           Status Date:     1/6/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FARIS DAVID SUKKAR            ___________________
Location: FARMERS MARKET                ___________________
          798 W HWY 60                  ___________________
          SUPERIOR, AZ 85273            ___________________
Business Phone:     (520)689-5845       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150181

YOUYU CHEN
GRACE BUFFET LLC
GRACE BUFFET
1537 E BOWMAN DR
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113219         Renew? ______Yes_____No
Status:   Active           Status Date:     8/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    YOUYU  CHEN                   ___________________
Location: GRACE BUFFET                  ___________________
          1677 E FLORENCE BLVD #27      ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)876-5688       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150182

JESUS MANUEL ALTAMIRANO
POSTON BUTTE GOLF CLUB LLC
POSTON BUTTE GOLF CLUB
16767 N PERIMETER DR ST 100
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110078         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESUS MANUEL ALTAMIRANO       _________________
Location: POSTON BUTTE GOLF CLUB        _________________
          6100 W MERRILL RANCH PARKWAY   __________________
          FLORENCE, AZ 85232            __________________
Business Phone:     (520)413-6150       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150183

DANIEL ALAN LUCIANO
ARIZONA FOODSERVICE INC
APACHE GREYHOUND PARK
40 FOUNTAIN PLAZA
C/O LICENSING DIVISION
BUFFALO NY 14202

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110027         Renew? ______Yes_____No
Status:   Active           Status Date:     9/20/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL ALAN LUCIANO           ___________________
Location: APACHE GREYHOUND PARK         ___________________
          220 S DELAWARE DR             ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (520)982-2371       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150184

HIROMI HASHIMOTO
HAPPI ONE LLC
HIRO'S SUSHI AND JAPANESE KITCHEN
1312 S PLAZA WY
FLAGSTAFF AZ 86001

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133531         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HIROMI  HASHIMOTO             _________________
Location: HIRO'S SUSHI AND JAPANESE KITCHEN_________________
          1730 W HWY 89A #6             _________________
          SEDONA, AZ 86336              _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150185

GARY S BIRKETT
BIRKETT GARY JTWROS
OLD TIME PIZZA
P O BOX 1217
KEARNY AZ 85237

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110023         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY S BIRKETT                _________________
Location: OLD TIME PIZZA                _________________
          370 ALDEN RD                  _________________
          KEARNY, AZ 85137              _________________
Business Phone:     (520)363-5523       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150186

CHRISTOPHER LEE DOBROWOLSKI
SCHOOLHOUSE RESTAURANT
202 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133548         Renew? ______Yes_____No
Status:   Active           Status Date:     3/7/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: SCHOOLHOUSE RESTAURANT        ___________________
          202 N MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-0700       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150187

MORRIS C RICHARDS
MI AMIGO RICARDO INC
MI AMIGO RICARDO
821 E FLORENCE BLVD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110043         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MORRIS C RICHARDS             ___________________
Location: MI AMIGO RICARDO              ___________________
          821 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-3858       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150188

H J LEWKOWITZ
ROCK SPRINGS GAS DEPOT LLC
ROCK SPRINGS GAS DEPOT
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133241         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: ROCK SPRINGS GAS DEPOT        ___________________
          I-17 EXIT 242 STAGE 1         ___________________
          ROCK SPRINGS, AZ 85324        ___________________
Business Phone:     (623)374-9243       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150189

BARBARA ANN HAMILTON
PLACE
P O BOX 689
YARNELL AZ 85362

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130025         Renew? ______Yes_____No
Status:   Inactive         Status Date:     4/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PLACE                         _________________
          22593 S HIGHWAY 89            _________________
          YARNELL, AZ 85362             _________________
Business Phone:     (928)427-6306       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150190

DANIEL VINCENT DUNN
DL ENTERPRISES LLC
BLACK CAT BUFFET
PO BOX 338
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130004         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL VINCENT DUNN           _________________
Location: BLACK CAT BUFFET              _________________
          114 W CHINO                   _________________
          SELIGMAN, AZ 86337            _________________
Business Phone:     (928)422-3451       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150191

SUSAN E SCHOMAKER
ENCORE THEATER
6615 HWY 179
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130022         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: ENCORE THEATER                _________________
          6615 HWY 179                  _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-0552       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150192

JUANA G NIETO
CARNICERIA PV
8147 E SPOUSE DR STE B
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133277         Renew? ______Yes_____No
Status:   Active           Status Date:     1/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CARNICERIA PV                 _________________
          8147 E SPOUSE DR #B           _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)772-1852       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150193

LUISA JUI MING FOSTER
MLD SUNRISE LLC
SUNRISE CAFE
20917 N JOHN WAYNE PKWY #A 103 104
MARICOPA AZ 85138

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113221         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LUISA JUI MING FOSTER         _________________
Location: SUNRISE CAFE                  _________________
          20917 N JOHN WAYNE PKWY #A 103-104   __________________
          MARICOPA, AZ 85138            ___________________
Business Phone:     (520)568-9098       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150194

SANG THI TRAN
TRAN SANG JTWROS
STOP BY
15702 W JIMMIE KERR BLVD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113063         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANG THI TRAN                 ___________________
Location: STOP BY                       ___________________
          15702 W JIMMIE KERR BLVD      ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-5154       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150195

ZITA ROSA BRINK
LYNX LAKE STORE & BOAT RENTALS
4505 E FOREST SERVICE RD
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  07130060         Renew? ______Yes_____No
Status:   Active           Status Date:     3/2/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: LYNX LAKE STORE & BOAT RENTALS___________________
          WALKER RD                     ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)778-0720       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150196

SUSAN DOBBS WELCH
SILVER BULLET BAR LLC
SILVER BULLET
9555 HILLWOOD DR 2 FL
LAS VEGAS NV 89134

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110048         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SUSAN DOBBS WELCH             _________________
Location: SILVER BULLET                 _________________
          1401 N PINAL AVE              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-1363       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150197

MARK WILLIAM GUNNING
YAVAPAI PRESCOTT INDIAN TRIBE
YAVAPAI CANTINA
1500 E HWY 69
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130071         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK WILLIAM GUNNING          _________________
Location: YAVAPAI CANTINA               _________________
          1501 E HWY 69 #B              _________________
          PRESCOTT, AZ 86304            _________________
Business Phone:     (928)445-5767       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  11133018         Renew? ______Yes_____No
Status:   Active           Status Date:     3/6/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARK WILLIAM GUNNING          _________________
Location: PRESCOTT RESORT CONFERENCE CENTER & CASINO_________________
          1500 E HWY 69                 _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)776-1666       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150198

ARNULFO M GARCIA
GARCIA ARNULFO ET AL
OCHOA'S RESTAURANT
512 E COTTONWOOD LN
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110031         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARNULFO M GARCIA              ___________________
Location: OCHOA'S RESTAURANT            ___________________
          512 E COTTONWOOD LN           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-9867       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150199

FRED RAYMOND NELSON
MINGUS MOUNTAIN POST #10227 VETERANS OF FOREIGN WARS OF US
VFW POST #10227
2375 N 5TH ST
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133011         Renew? ______Yes_____No
Status:   Active           Status Date:     4/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRED RAYMOND NELSON           ___________________
Location: VFW POST #10227               ___________________
          2375 N 5TH ST                 ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-0095       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150200

CHONG H LEE
LEE'S ETAL
MILOS LIQUOR
201 E 2ND ST
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110024         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHONG H LEE                   _________________
Location: MILOS LIQUOR                  _________________
          13426 S SUNLAND GIN ROAD      _________________
          ARIZONA CITY, AZ 85223        _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150201

STEVEN KEITH HALLUM
HJM ENTERPRISES
QUICK TRIP
417 N AGASSIZ BLDG 2 STE B
FLAGSTAFF AZ 86001

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10131053         Renew? ______Yes_____No
Status:   Active           Status Date:     9/28/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN KEITH HALLUM           ___________________
Location: QUICK TRIP                    ___________________
          1208 HWY 260                  ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)635-1336       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150202

ANDREA DAHLMAN LEWKOWITZ
PILOT TRAVEL CENTERS LLC
PILOT TRAVEL CENTER #458
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113088         Renew? ______Yes_____No
Status:   Active           Status Date:     12/1/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: PILOT TRAVEL CENTER #458      _________________
          619 S SUNSHINE BLVD           _________________
          ELOY, AZ 85231                _________________
Business Phone:     (520)466-7550       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113205         Renew? ______Yes_____No
Status:   Active           Status Date:     12/30/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: FLYING J TRAVEL PLAZA #609    _________________
          16189 S SUNSHINE BLVD STE B   _________________
          ELOY, AZ 85131                _________________
Business Phone:     (520)466-9204       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150203

HENG LIN
TENG & LIN LLC
CHI'S CUISINE
114 N CORTEZ ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133416         Renew? ______Yes_____No
Status:   Active           Status Date:     10/10/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HENG  LIN                     _________________
Location: CHI'S CUISINE                 _________________
          114 N CORTEZ ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-5390       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150204

ANDREA DAHLMAN LEWKOWITZ
SEVEN CANYONS MANAGEMENT LLC
CLUB AT SEVEN CANYONS
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130044         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: CLUB AT SEVEN CANYONS         ___________________
          625 GOLF CLUB WAY             ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)203-2000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150205

JOAN R SANDOVAL
SC & S INVESTMENT CORP
LA CANTINA COCKTAIL LOUNGE
P O BOX 193
KEARNY AZ 85237

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110068         Renew? ______Yes_____No
Status:   Active           Status Date:     3/16/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOAN R SANDOVAL               ___________________
Location: LA CANTINA COCKTAIL LOUNGE    ___________________
          382 ALDEN RD                  ___________________
          KEARNY, AZ 85237              ___________________
Business Phone:     (520)363-5161       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150206

SOONBOK LEE RYU
SOON & J ENTERPRISES INC
BLUE RIDGE MARKET
P O BOX 867
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130031         Renew? ______Yes_____No
Status:   Active           Status Date:     5/15/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SOONBOK LEE RYU               ___________________
Location: BLUE RIDGE MARKET             ___________________
          210 S HWY 69                  ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)632-7278       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150207

ANDREA DAHLMAN LEWKOWITZ
SAFEWAY INC
SAFEWAY FOOD & DRUG #1706
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110025 Renew? _____Yes_____No
Status: Active Status Date: 2/4/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: SAFEWAY FOOD & DRUG #1706 _____
1637 N TREKELL RD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (480)894-4230 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110030 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: SAFEWAY #253 _____
3185 W APACHE TRL _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (520)894-4100 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110042 Renew? _____Yes_____No
Status: Active Status Date: 9/14/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: SAFEWAY #2835 _____
3325 N HUNT HWY _____
FLORENCE, AZ 85232 _____
Business Phone: (480)894-4201 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110028 Renew? _____Yes_____No
Status: Active Status Date: 2/9/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: SAFEWAY FOOD & DRUG #1732 _____
1449 N ARIZONA BLVD _____
COOLIDGE, AZ 85228 _____
Business Phone: (602)894-4230 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130007 Renew? _____Yes_____No
Status: Active Status Date: 3/18/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: SAFEWAY FOOD & DRUG #1055 _____
7720 E HWY 69 _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-6125 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130019 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: SAFEWAY #274 _____
450 WHITE SPAR RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (520)894-4100 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130021 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1987
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: SAFEWAY #2052 _____
1635 E COTTONWOOD ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (520)894-4100 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130022 Renew? _____Yes_____No
Status: Active Status Date: 1/20/1989
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ANDREA DAHLMAN LEWKOWITZ _____
Location: SAFEWAY #1207 _____
2300 W HWY 89A _____
SEDONA, AZ 86336 _____
Business Phone: (520)894-4100 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

```
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

--------------------------------------------------------------------------------
License#  09130023         Renew? ______Yes_____No
Status:   Active           Status Date:     1/20/1987
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: SAFEWAY #245                  ___________________
          1044 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)894-4100       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

--------------------------------------------------------------------------------
License#  09130030         Renew? ______Yes_____No
Status:   Active           Status Date:     1/11/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: SAFEWAY FOOD & DRUG #1747     ___________________
          1031 N STATE ROUTE 89         ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (480)894-4230       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

--------------------------------------------------------------------------------
License#  10113147         Renew? ______Yes_____No
Status:   Active           Status Date:     5/9/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: SAFEWAY FUEL #2835            ___________________
          3313 N HUNT HWY               ___________________
          FLORENCE, AZ 85232            ___________________
Business Phone:     (480)894-4201       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150208

JAMES ELLIOTT BUSHNELL
FRED NACKARD WHOLESALE BEVERAGE CO INC
FRED NACKARD WHOLESALE BEVERAGE COMPANY
4880 E RAILHEAD AVE
FLAGSTAFF AZ 86004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  04133009         Renew? ______Yes_____No
Status:   Active           Status Date:     1/16/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ELLIOTT BUSHNELL        ___________________
Location: FRED NACKARD WHOLESALE BEVERAGE COMPANY___________________
          7201 N COUNTY FAIR TR         ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)778-5373       __________

Renewal Fees:
     License Renewal:                  250.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            320.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150209

ERIC SYLVESTER JURISIN
PALACE CORP
JEROME PALACE - HAUNTED HAMBURGER
P O BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133089         Renew? ______Yes_____No
Status:   Active           Status Date:     10/14/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC SYLVESTER JURISIN        _________________
Location: JEROME PALACE - HAUNTED HAMBURGER_________________
          410 E CLARK ST                _________________
          JEROME, AZ 86331              _________________
Business Phone:     (520)634-0554       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150210

KEVIN ARNOLD KRAMBER
PINAL HOTEL AZ 1 LLC
HOLIDAY INN EXPRESS & SUITES
536 E WAGON BLUFF DR
TUCSON AZ 85704

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07113002         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN ARNOLD KRAMBER          ___________________
Location: HOLIDAY INN EXPRESS & SUITES  ___________________
          240 W HWY 287                 ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-9900       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150211

SANG MAN KIM
KIM & JUN LLC
PRESCOTT QUICK STOP
447 S MONTEZUMA ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133258         Renew? ______Yes_____No
Status:   Active           Status Date:     10/2/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SANG MAN KIM                  ___________________
Location: PRESCOTT QUICK STOP           ___________________
          447 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-1061       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150212

ANDREA DAHLMAN LEWKOWITZ
DRIFTWOOD SPECIAL SERVICING LLC
LA QUINTA INN & SUITES PRESCOTT CONVENTION CENTER
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  11133032         Renew? ______Yes_____No
Status:   Active           Status Date:     10/15/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: LA QUINTA INN & SUITES PRESCOTT CONVENTION CENTER___________________
          4499 HWY 69                   ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)777-0770       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150213

LORRAINE GLAESER
STREETS OF NEW YORK INC
STREETS OF NEW YORK
11811 N TATUM BLVD #P180
PHOENIX AZ 85022

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133066         Renew? ______Yes_____No
Status:   Active           Status Date:     12/2/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORRAINE  GLAESER             ___________________
Location: STREETS OF NEW YORK           ___________________
          150 E SHELDON ST              ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)708-0707       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133234         Renew? ______Yes_____No
Status:   Active           Status Date:     6/24/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORRAINE  GLAESER             ___________________
Location: STREETS OF NEW YORK           ___________________
          7024 E FLORENTINE RD #120     ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-9877       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150214

THOMAS JOHN LOWE, JR.
UNIVEST-STONERIDGE GOLF LLC
STONERIDGE GOLF COURSE
10611 N HAYDEN RD STE D-105
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06130041         Renew? ______Yes_____No
Status:   Active           Status Date:     2/22/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS JOHN LOWE, JR.         ___________________
Location: STONERIDGE GOLF COURSE        ___________________
          1601 N BLUFF TOP DR           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-9140       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150215

ERIC CHRISTOPHER MARICHAL
WICKED BAD LLC
HOTEL VENDOME
230 S CORTEZ ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130023         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC CHRISTOPHER MARICHAL     _________________
Location: HOTEL VENDOME                 _________________
          230 S CORTEZ ST               _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)776-0900       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150216

TIMOTHY JOSEPH HIVELY
WONDER BAR INC
WONDER BAR
310 W 2ND ST
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110036         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY JOSEPH HIVELY         _________________
Location: WONDER BAR                    _________________
          310 W 2ND ST                  _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)836-9987       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150217

CLIFF JEFFREY PETROVSKY
PLAZA VIEW BALLROOM LLC
PLAZA VIEW BALLROOM/OLD CAPITOL MARKET
424 E GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130002         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLIFF JEFFREY PETROVSKY       ___________________
Location: PLAZA VIEW BALLROOM/OLD CAPITOL MARKET_________________
          120 W GURLEY ST STE A,B,M     ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)925-6521       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150218

RICHARD D MURPHY
MURPHY DEVELOPMENT INC
MURPHYS SHELL & FOOD MART
P O BOX 396
ASH FORK AZ 86320

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133070         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD D MURPHY              ___________________
Location: MURPHYS SHELL & FOOD MART     ___________________
          I-40 W OF                     ___________________
          ASH FORK, AZ 86320            ___________________
Business Phone:     (520)637-2580       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150219

LUCAS G SENA
A TASTE OF MARRAKECH LLC
A TASTE OF MARRAKECH
45 NAVAJO RD
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133614         Renew? ______Yes_____No
Status:   Active           Status Date:     4/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LUCAS G SENA                  ___________________
Location: A TASTE OF MARRAKECH          ___________________
          25 BELL ROCK PLAZA STE C      ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-4365       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150220

JEANNIE ELIZABETH TENNANT
RIOT IN OLD TOWN LLC
RIOT IN OLD TOWN
777 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07137000         Renew? ______Yes_____No
Status:   Active           Status Date:     10/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEANNIE ELIZABETH TENNANT     ___________________
Location: RIOT IN OLD TOWN              ___________________
          777 N MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3777       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12133618         Renew? ______Yes_____No
Status:   Active           Status Date:     6/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEANNIE ELIZABETH TENNANT     ___________________
Location: RIOT IN OLD TOWN              ___________________
          777 N MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3777       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150221

EVA B ENCINAS
EDWARDO'S PIZZERIA LLC
EDWARDO'S PIZZERIA
219 S SMITH DR
SUPERIOR AZ 85173

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113029         Renew? ______Yes_____No
Status:   Active           Status Date:     9/22/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EVA B ENCINAS                 __________________
Location: EDWARDO'S PIZZERIA            __________________
          701 BELMONT AVE               __________________
          SUPERIOR, AZ 85273            __________________
Business Phone:     (520)689-2628       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150222

BARBARA A GOETTING
WHITE HILLS WINERY LLC
HORN
PO BOX 3483
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133561         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARBARA A GOETTING            ___________________
Location: HORN                          ___________________
          348 S MAIN ST #17             ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-7229       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  13133048         Renew? ______Yes_____No
Status:   Inactive         Status Date:     10/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARBARA A GOETTING            ___________________
Location: HORN                          ___________________
          348 S MAIN ST #17             ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-7229       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150223

ROBERT ROY DEL COTTO
SOPHIA & ROB ENTERPRISES LLC
ROB'S CONVENIENCE STORE
49237 W PAPAGO RD #001
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113202         Renew? ______Yes_____No
Status:   Active           Status Date:     11/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT ROY DEL COTTO          ___________________
Location: ROB'S CONVENIENCE STORE       ___________________
          49237 W PAPAGO RD #001        ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-2550       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150224

JOSE ANGEL MORENO
MORENO'S MEXICAN GRILL LLC
MORENOS MEXICAN GRILL
85 W COMBS RD #104
SAN TAN VALLEY AZ 85140

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113190         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE ANGEL MORENO             ___________________
Location: MORENOS MEXICAN GRILL         ___________________
          85 W COMBS RD                 ___________________
          QUEEN CREEK, AZ 85240         ___________________
Business Phone:     (480)358-4642       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150225

MUN HOH YAM
KAWAN INC
MING HOUSE
P O BOX 4640
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133087         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MUN HOH YAM                   ___________________
Location: MING HOUSE                    ___________________
          288 S MAIN ST                 ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-9488       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150226

ROBERTO AVELAR
MILEY'S CAFE LLC
MILEY'S CAFE
7000 HWY 179 STE A-108
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133565         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERTO  AVELAR               ___________________
Location: MILEY'S CAFE                  ___________________
          7000 HWY 179 STE A-108        ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-4123       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150227

PEARL PARDEE
THAI SPICES NATURAL INC
THAI SPICES NATURAL CUISINE OF THAILAND
195 SOLDIERS PASS RD
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133567         Renew? ______Yes_____No
Status:   Active           Status Date:     11/26/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PEARL  PARDEE                 ___________________
Location: THAI SPICES NATURAL CUISINE OF THAILAND___________________
          2611 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-0599       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150228

SPENCER DANIEL BELL
ELCOR LLC
SAN TAN FLAT
6185 W HUNT HWY
QUEEN CREEK AZ 85142

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110026         Renew? ______Yes_____No
Status:   Active           Status Date:     2/29/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SPENCER DANIEL BELL           ___________________
Location: SAN TAN FLAT                  ___________________
          6185 W HUNT HWY               ___________________
          QUEEN CREEK, AZ 85142         ___________________
Business Phone:     (480)882-2995       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150229

EDDIE VAL VALDEZ
ELVIRA'S MEXICAN RESTAURANT LLC
ELVIRA'S MEXICAN RESTAURANT
264 S PHELPS DR
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110032         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDDIE VAL VALDEZ              ___________________
Location: ELVIRA'S MEXICAN RESTAURANT   ___________________
          1520 W APACHE TRAIL           ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)982-9916       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12113213         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDDIE VAL VALDEZ              ___________________
Location: ELVIRA'S MEXICAN RESTAURANT   ___________________
          1520 W APACHE TRAIL           ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)982-9916       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150230

MICHAEL WARREN PEARCE
OAK CREEK VINEYARDS & WINERY INC
OAK CREEK VINEYARDS & WINERY
1555 N PAGE SPRINGS RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  13133006         Renew? ______Yes_____No
Status:   Active           Status Date:     10/26/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL WARREN PEARCE         ___________________
Location: OAK CREEK VINEYARDS & WINERY  ___________________
          1555 N PAGE SPRINGS RD        ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)649-0290       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150231

TOMMY LUTHER MEREDITH
I M PRESCOTT CO
JERSEY LILLY SALOON
116 S MONTEZUMA
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130076         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TOMMY LUTHER MEREDITH         _________________
Location: JERSEY LILLY SALOON           _________________
          116 S MONTEZUMA               _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)541-7854       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150232

BRUCE ROBERT BARRO
A & D PIZZA INC
BARRO'S PIZZA
633 E RAY RD #116
GILBERT AZ 85296

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113157         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE ROBERT BARRO            ___________________
Location: BARRO'S PIZZA                 ___________________
          2436 E HUNT HWY               ___________________
          SAN TAN VALLEY, AZ 85143      ___________________
Business Phone:     (480)457-1117       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12113231         Renew? ______Yes_____No
Status:   Active           Status Date:     3/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE ROBERT BARRO            ___________________
Location: BARRO'S PIZZA                 ___________________
          2820 N PINAL AVE #1           ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-6900       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150233

ANDREA DAHLMAN LEWKOWITZ
CAPITAL CANYON CLUB LLC
CAPITAL CANYON GOLF CLUB
2600 N CENTRAL AVE STE#1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133012         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: CAPITAL CANYON GOLF CLUB      ___________________
          2060 GOLF CLUB LN             ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-0009       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150234

FRANK ADAM CUDA
REUNION CAMP JUNIPERWOOD RANCH WINERY
7775 W STOCKMEN RD
ASH FORK AZ 86320

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133012         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: REUNION CAMP JUNIPERWOOD RANCH WINERY___________________
          7775 W STOCKMEN RD            ___________________
          ASH FORK, AZ 86320            ___________________
Business Phone:     (602)626-0316       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150235

MARY VICTORIA HOADLEY
COSANTI ORIGINALS INC
CAFE AT ARCOSANTI
HC 74 BOX 4136
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130044         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY VICTORIA HOADLEY         _________________
Location: CAFE AT ARCOSANTI             _________________
          I-17 & CORDES JCT             _________________
          MAYER, AZ 86333               _________________
Business Phone:     (928)632-7135       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150236

SHABIR MEHBOOB PATHARI
VALLEY MARKET
970 N DELWARE DR STE 2
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113250         Renew? ______Yes_____No
Status:   Active           Status Date:     6/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VALLEY MARKET                 _________________
          970 N DELAWARE DR #2          _________________
          APACHE JUNCTION, AZ 85120     _________________
Business Phone:     (480)983-3215       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150237

ALVIN J REED
OASIS LOUNGE
P O BOX 1
ASH FORK AZ 86320

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130056         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: OASIS LOUNGE                  _________________
          346 PARK AVE                  _________________
          ASH FORK, AZ 86320            _________________
Business Phone:     (928)637-2650       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150238

STEPHEN WILLIAM TURNER
BOLLIS INC
STROMBOLLI'S RESTAURANT & PIZZERIA
P O BOX 490
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133214         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN WILLIAM TURNER        ___________________
Location: STROMBOLLI'S RESTAURANT & PIZZERIA___________________
          321 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3838       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150239

PHYLLIS CANDACE CLINE
CIEZE LLC
HEARTLINE CAFE
1610 W STATE ROUTE 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130015         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHYLLIS CANDACE CLINE         _________________
Location: HEARTLINE CAFE                _________________
          1610 W HWY 89A                _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-0785       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150240

MICHAEL TODD MC CULLOCH
ROUTE 66 ROADRUNNER LLC
ROUTE 66 ROADRUNNER
P O BOX 805
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133515         Renew? ______Yes_____No
Status:   Active           Status Date:     5/31/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL TODD MC CULLOCH       ___________________
Location: ROUTE 66 ROADRUNNER           ___________________
          22330 W OLD HIGHWAY 66        ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (928)232-2004       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150241

WILLIAM KENNETH SMOOT
PRESCOTT WINERY LLC
PRESCOTT WINERY
216 N ALARCON ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  13133034         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM KENNETH SMOOT         ___________________
Location: PRESCOTT WINERY               ___________________
          216 N ALARCON ST              ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)350-8467       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150242

DANIEL MAYNARD KEELING
DANIEL & JOHN KEELING PARTNERSHIP
COTTON BOWL LANES
1740 N PINAL AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110072         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL MAYNARD KEELING        ___________________
Location: COTTON BOWL LANES             ___________________
          1740 N PINAL AVE              ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-7304       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150243

LAUREN KAY MERRETT
MAVERIK INC
MAVERIK
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09130006 Renew? _____Yes_____No
Status: Active Status Date: 11/28/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
1344 N PRESCOTT COUNTRY CLUB BLVD _____
PRESCOTT VALLEY, AZ 86327 _____
Business Phone: (928)759-7334 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130015 Renew? _____Yes_____No
Status: Active Status Date: 1/22/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
3576 N GLASSFORD HILL RD _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-1126 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130049 Renew? _____Yes_____No
Status: Active Status Date: 6/11/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
1060 W HWY 89 _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (928)636-3025 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130043 Renew? _____Yes_____No
Status: Active Status Date: 9/10/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: LAUREN KAY MERRETT _____
Location: MAVERIK _____
690 W HWY 89A _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)649-0713 _____

Renewal Fees:

```
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133045         Renew? ______Yes_____No
Status:   Active           Status Date:     1/16/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            __________________
Location: MAVERIK                       __________________
          690 W HWY 89A                 __________________
          COTTONWOOD, AZ 86326          __________________
Business Phone:     (928)649-0713       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133111         Renew? ______Yes_____No
Status:   Active           Status Date:     11/22/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            __________________
Location: MAVERIK                       __________________
          541 W FINNIE FLATS RD         __________________
          CAMP VERDE, AZ 86322          __________________
Business Phone:     (928)567-7373       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150244

DEV R BASNET
1571 SHELL
1571 W APACHE TRAIL
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113111         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 1571 SHELL                    _________________
          1571 W APACHE TRL             _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (480)982-6326       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150245

JACK DARRELL LOWE
WOODY'S ENTERPRISES LTD
WOODY'S #00110
580 W WICKENBURG WAY
WICKENBURG AZ 85390

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10130027 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S #00110 _____
501 COPPER BASIN RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (520)256-6730 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133011 Renew? _____Yes_____No
Status: Active Status Date: 3/15/1996
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S FOOD STORE #133 _____
1253 IRON SPRINGS _____
PRESCOTT, AZ 86301 _____
Business Phone: (602)256-6730 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10131009 Renew? _____Yes_____No
Status: Active Status Date: 9/1/1988
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JACK DARRELL LOWE _____
Location: WOODY'S #00113 _____
7849 E HWY 69 #A _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (520)256-6730 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150246

STEVEN BRUNS
19TH HOLE MANAGEMENT LLC
REDSTONE
690 BELL ROCK BLVD
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133563         Renew? ______Yes_____No
Status:   Active           Status Date:     11/4/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN  BRUNS                 ___________________
Location: REDSTONE                      ___________________
          690 BELL ROCK BLVD            ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-1020       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150247

LISA MARIE DEPALMA
AJ'S FAIRWAYS GRILLE INC
AJ'S FAIRWAYS GRILLE
6900 W HIGHWAY 60 # 107 & 108
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113224         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA MARIE DEPALMA            ___________________
Location: AJ'S FAIRWAYS GRILLE          ___________________
          6900 E HWY 60 #107 & 108      ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (480)288-9895       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150248

JOSE LUIS BAUTISTA
AZTECA MARKET LLC
AZTECA MARKET
8116 E SPOUSE DR #B
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133188         Renew? ______Yes_____No
Status:   Active           Status Date:     1/24/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE LUIS BAUTISTA            ___________________
Location: AZTECA MARKET                 ___________________
          8116 SPOUSE DR # B            ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-5566       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150249

IGNACIO MORENO MESA
CLEAR CREEK VINEYARD & WINERY LLC
CLEAR CREEK VINEYARD & WINERY
4053 E HWY 260
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/22/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    IGNACIO MORENO MESA           ___________________
Location: CLEAR CREEK VINEYARD & WINERY ___________________
          4053 E HWY 260                ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (602)859-7418       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150250

MAX H TANNER
TIERRA GRANDE GOLF
813 W CALLE ROSA
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110025         Renew? ______Yes_____No
Status:   Active           Status Date:     10/15/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TIERRA GRANDE GOLF            _________________
          813 W CALLE ROSA              _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)723-9717       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150251

FRANCIS FREDERICK ZELLER
RUIZ MARINA
5405 N APACHE TRL HWY 88
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110048         Renew? ______Yes_____No
Status:   Active           Status Date:     11/8/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: RUIZ MARINA                   _________________
          5405 N APACHE TRL HWY 88      _________________
          APACHE JUNCTION, AZ 85219     _________________
Business Phone:     (480)982-2653       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150252

HYON HWAN LEE
LEES LIQUOR
201 E 2ND ST
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09115002         Renew? ______Yes_____No
Status:   Active           Status Date:     2/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LEES LIQUOR                   _________________
          22186 E CAMINO CORREO         _________________
          RED ROCK, AZ 85245            _________________
Business Phone:     (520)705-1964       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09110073         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MILO'S LIQUOR                 _________________
          201 E 2ND ST                  _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-5150       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150253

ERIC SYLVESTER JURISIN
NIC'S STEAK & CRAB HOUSE CORPORATION
NIC'S STEAK & CRAB HOUSE
PO BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133210         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC SYLVESTER JURISIN        ___________________
Location: NIC'S STEAK & CRAB HOUSE      ___________________
          925 MAIN ST                   ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:                         ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150254

RANDALL JOHN BONNEVILLE
BONN-FIRE LLC
BONN-FIRE CHILLIN & GRILLIN
1667 S HWY 89
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133356         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL JOHN BONNEVILLE       ___________________
Location: BONN-FIRE CHILLIN & GRILLIN   ___________________
          1667 S HWY 89                 ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)636-7410       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150255

PATRICK TIMOTHY O'BRIEN
TAYLOR O'BRIEN LLC
HOOLIGAN'S PUB
8715 N LIVE OAK DR
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130011         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK TIMOTHY O'BRIEN       _________________
Location: HOOLIGAN'S PUB                _________________
          112 S MONTEZUMA UPSTAIRS      _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)771-0997       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150256

WALJEET SINGH HUNDAL
AKTRON LLC
GOLDFIELD CHEVRON
3265 S GOLDFIELD RD
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113171         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALJEET SINGH HUNDAL          ___________________
Location: GOLDFIELD CHEVRON             ___________________
          3265 S GOLDFIELD RD           ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)288-6640       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150257

JUVENTINO QUIROZ
T&M PIZZA OF COOLIDGE
380 S ARIZONA BLVD
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12111029         Renew? ______Yes_____No
Status:   Active           Status Date:     3/14/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: T&M PIZZA OF COOLIDGE         _________________
          380 S ARIZONA BLVD            _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (520)723-3863       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150258

KIMBERLY JO SUTHERLAND
MOUNTAIN HIGH FLOWERS LLC
MOUNTAIN HIGH FLOWERS
3000 W STATE RT 89A #100
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133268         Renew? ______Yes_____No
Status:   Active           Status Date:     5/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIMBERLY JO SUTHERLAND        ___________________
Location: MOUNTAIN HIGH FLOWERS         ___________________
          3000 W STATE RT 89A #100      ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)203-4211       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150259

JAMES CHAEBUNG CHUNG
GB3 LLC
NEW ISLAND LIQUOR
10007 N 135TH PLACE
SCOTTSDALE AZ 85259

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113214         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES CHAEBUNG CHUNG          ___________________
Location: NEW ISLAND LIQUOR             ___________________
          814 N PINAL AVE               ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)426-3601       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150260

H J LEWKOWITZ
TRADER JOE'S COMPANY
TRADER JOE'S #283
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133238         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: TRADER JOE'S #283             ___________________
          252 LEE BLVD                  ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150261

ART F ELEID
FOREST VILLAS INN II LLC
FOREST VILLAS HOTEL
3645 LEE CIR
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130061         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ART F ELEID                   ___________________
Location: FOREST VILLAS HOTEL           ___________________
          3645 LEE CIR                  ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)717-1200       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150262

AMY S NATIONS
LOS GRINGOS LOCOS INC
LOS GRINGOS LOCOS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12113069         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY S NATIONS                 __________________
Location: LOS GRINGOS LOCOS             __________________
          280 S PHELPS DR               __________________
          APACHE JUNCTION, AZ 85220     __________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150263

MUY YENG
CANYON FOOD MART LLC
CANYON FOOD MART
1000 E OLD WEST HWY
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113184         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MUY  YENG                     _________________
Location: CANYON FOOD MART              _________________
          1000 E OLD WEST HWY           _________________
          APACHE JUNCTION, AZ 85219     _________________
Business Phone:     (520)481-2811       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150264

DEBRA JEAN SNOW-SQUADERE
DOUBLE DIP LLC
SCUTTLEBUTTS
713 N 106TH STREET
MESA AZ 85207

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110002         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBRA JEAN SNOW-SQUADERE      __________________
Location: SCUTTLEBUTTS                  __________________
          1200 W APACHE TRL             __________________
          APACHE JUNCTION, AZ 85120     __________________
Business Phone:     (480)982-3188       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150265

KEVIN JOHN KELLY
N AND D RESTAURANTS INC
OLIVE GARDEN ITALIAN RESTAURANT #1756
ATT LICENSING DEPARTMENT
PO BOX 695016
ORLANDO FL 32869

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113174         Renew? ______Yes_____No
Status:   Active           Status Date:     4/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN JOHN KELLY              _________________
Location: OLIVE GARDEN ITALIAN RESTAURANT #1756_________________
          717 N PROMENADE PARKWAY       _________________
          CASA GRANDE, AZ 85294         _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133432         Renew? ______Yes_____No
Status:   Active           Status Date:     4/13/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN JOHN KELLY              _________________
Location: OLIVE GARDEN ITALIAN RESTAURANT #1645_________________
          3060 HWY 69                   _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)541-9194       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150266

JAMES J SHORTINA
SUNDOWNER
P O BOX 1787
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12130036         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SUNDOWNER                     _________________
          NAVAJO DR #37 SOUTHWEST CENTER   __________________
          SEDONA, AZ 86336              _________________
Business Phone:     (520)282-1858       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150267

KENNETH L FALK
V F W #9399
V F W #9399
P O BOX 1037
APACHE JUNCTION AZ 85217

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110016         Renew? ______Yes_____No
Status:   Active           Status Date:     11/3/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH L FALK                _________________
Location: V F W #9399                   _________________
          133 N SAGUARO DR              _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (520)982-5039       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150268

ESTHER A VIDAL
MOROLLOQUI DELIA ET AL
LA ROCA NIGHT CLUB
51759 W TURNEY LANE
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110065         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/5/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ESTHER A VIDAL                _________________
Location: LA ROCA NIGHT CLUB            _________________
          MARICOPA & HONEYCUTT RDS      _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)568-9964       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150269

JERRY EUGENE BURGESS
MOOSE LODGE #2039
MOOSE LODGE #2039
P O BOX 941
APACHE JUNCTION AZ 85117

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110020         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JERRY EUGENE BURGESS          ___________________
Location: MOOSE LODGE #2039             ___________________
          350 W 16TH AVE                ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)982-2828       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150270

WILLIAM GREGORY TRACY
DINNER BELL CAFE INC
BILL'S PLACE
687 W CANYON DR
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133353         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM GREGORY TRACY         _________________
Location: BILL'S PLACE                  _________________
          107 S CORTEZ                  _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)443-0800       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150271

RANDY ALLEN ROBERTSON
SHERANDY LLC
ROSATIS PIZZA
6900 E US 60
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113234         Renew? ______Yes_____No
Status:   Active           Status Date:     7/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY ALLEN ROBERTSON         ___________________
Location: ROSATIS PIZZA                 ___________________
          6900 EAST US 60               ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (480)983-7400       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150272

DENISE LEANN MORAGA
MORAGA'S AUTHENTIC MEXICAN FOOD
1124 N MAIN ST # A
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133587         Renew? ______Yes_____No
Status:   Active           Status Date:     8/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: MORAGA'S AUTHENTIC MEXICAN FOOD_________________
          1124 N MAIN ST # A            ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-5776       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133607         Renew? ______Yes_____No
Status:   Active           Status Date:     3/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: SUTLERS STEAKHOUSE            ___________________
          564 S MAIN ST                 ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-3213       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150273

ANNE KATHLEEN CONLIN
SPIRIT ROOM LLC
SPIRIT ROOM
P O BOX 155
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130013         Renew? ______Yes_____No
Status:   Active           Status Date:     3/13/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANNE KATHLEEN CONLIN          _________________
Location: SPIRIT ROOM                   _________________
          166 MAIN ST                   _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)634-8809       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150274

RODNEY FLETCHER SNAPP
JAVELINA LEAP VINEYARD & WINERY LLC
JAVELINA LEAP ESTATE VINEYARDS
1565 N PAGE SPRINGS RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  13133009         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RODNEY FLETCHER SNAPP         ___________________
Location: JAVELINA LEAP ESTATE VINEYARDS___________________
          1565 PAGE SPRINGS RD          ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)274-0394       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150275

LYNNETTE HANDLEY FUSARO
FILLYS ROADHOUSE INC
FILLY'S ROADHOUSE
1615 N APACHE TRAIL
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110032         Renew? ______Yes_____No
Status:   Active           Status Date:     3/6/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LYNNETTE HANDLEY FUSARO       ___________________
Location: FILLY'S ROADHOUSE             ___________________
          1615 N APACHE TRL             ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)671-3056       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150276

DAT VAN LE
COOLIDGE MARKET
375 W COOLIDGE AVE
COOLIDGE AZ 85128

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110008         Renew? ______Yes_____No
Status:   Active           Status Date:     11/16/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: COOLIGHE MARKET               _________________
          375 W COOLIDGE AVE            _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (520)723-4933       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150277

PAULA MARIE FARLEY
XHALE CONVENIENCE LLC
MARIO'S
7527 CLEAR SKY TR
PRESCOTT VALLEY AZ 86315

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133265         Renew? ______Yes_____No
Status:   Active           Status Date:     6/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAULA MARIE FARLEY            ___________________
Location: MARIO'S                       ___________________
          8182 E SPOUSE DR              ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-9971       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150278

JAMEY RICHARD MAUK
MAUX COMPANIES LLC
CUPPERS COFFEE BISTRO
4648 HORNET DR
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133551         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMEY RICHARD MAUK            ___________________
Location: CUPPERS COFFEE BISTRO         ___________________
          258 LEE BLVD BLDG C-2         ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)515-2446       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150279

DONNA JEAN CHILLEEN
KID CHILLEEN PROMOTIONS INC
CHILLEEN'S ON 17
P O BOX 1938
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONNA JEAN CHILLEEN           ___________________
Location: CHILLEEN'S ON 17              ___________________
          I-17 BLACK CANYON CITY        ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-5552       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150280

GORDON M SWETS
MOUNTAIN AIRE
PO BOX 485
YARNELL AZ 85362

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133023         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MOUNTAIN AIRE                 _________________
          19364 US HWY 89               _________________
          YARNELL, AZ 85362             _________________
Business Phone:     (928)427-6459       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150281

KATHY ANN CHAMBERS
MULLIGAN'S GRILLE LLC
VINTAGES
2201 S TISSAW RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133493         Renew? ______Yes_____No
Status:   Active           Status Date:     10/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KATHY ANN CHAMBERS            ___________________
Location: VINTAGES                      ___________________
          5155  N  DAVE WINGFIELD RD    ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (928)592-9220       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150282

LEE EDWARD ESCH
RED ROBIN INTERNATIONAL INC
RED ROBIN AMERICA'S GOURMET BURGERS & SPIRITS
6312 S FIDDLER'S GREEN CIR #200 N
GREENWOOD VILLAGE CO 80111

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133189         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEE EDWARD ESCH               _________________
Location: RED ROBIN AMERICA'S GOURMET BURGERS & SPIRITS_________________
          3050 GATEWAY BLVD             _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150283

HUGO ESQUEDA ESQUEDA
GOLDEN DRAGON LLC
GOLDEN DRAGON CHINESE RESTAURANT
1675 E COTTONWOOD ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133498         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HUGO ESQUEDA ESQUEDA          ___________________
Location: GOLDEN DRAGON CHINESE RESTAURANT___________________
          1675 E COTTONWOOD ST          ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-0588       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150284

ALVIN MCCOY CONWAY, JR.
ARIZONA CITY LODGE NO 1038 LOYAL ORDER OF MOOSE
MOOSE LODGE #1038
P O BOX 2245
ARIZONA CITY AZ 85223

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110014         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALVIN MCCOY CONWAY, JR.       ___________________
Location: MOOSE LODGE #1038             ___________________
          14220 S CALERA RD             ___________________
          ARIZONA CITY, AZ 85223        ___________________
Business Phone:     (520)466-5494       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150285

ANDREA DAHLMAN LEWKOWITZ
SWH MIMI'S CAFE LLC
MIMI'S CAFE
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113236         Renew? ______Yes_____No
Status:   Active           Status Date:     9/26/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: MIMI'S CAFE                   ___________________
          839 N PROMENADE PKWY          ___________________
          CASA GRANDE, AZ 85194         ___________________
Business Phone:     (520)426-0193       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150286

ROBERT E BARKER
VALENTINOS
6306 W YORKTOWN WAY
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113242         Renew? ______Yes_____No
Status:   Active           Status Date:     4/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VALENTINOS                    _________________
          3385 N HUNT HWY # 121         _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)723-5910       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150287

JOSEPH PATRICK NOLAN, JR.
MCNOLAN INC
LB CANTINA
P O BOX 2516
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113243         Renew? ______Yes_____No
Status:   Active           Status Date:     6/27/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH PATRICK NOLAN, JR.     __________________
Location: LB CANTINA                    __________________
          695 S MAIN ST                 __________________
          FLORENCE, AZ 85132            __________________
Business Phone:     (520)868-9981       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150288

AUDREY MARIA OREFICE
G & O ENTERPRISES INC
GENOVESE'S
6616 E SANDHURST DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133357         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AUDREY MARIA OREFICE          ___________________
Location: GENOVESE'S                    ___________________
          217 W GURLEY                  ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)772-8631       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150289

OPAL IRENE BROWN
WD EXTREME LLC
CLEATOR BAR & YACHT CLUB
P O BOX 1106
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130014         Renew? ______Yes_____No
Status:   Active           Status Date:     12/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    OPAL IRENE BROWN              _________________
Location: CLEATOR BAR & YACHT CLUB      _________________
          13025 E CROWN KING RD         _________________
          CLEATOR, AZ 86333             _________________
Business Phone:     (928)632-8534       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150290

BRENDAN LAWRENCE FISCHER
FISCHER ENTERPRISE INC
JACKASS BAR & GRILL
3547 N LYNN DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130045         Renew? ______Yes_____No
Status:   Active           Status Date:     7/24/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRENDAN LAWRENCE FISCHER      ___________________
Location: JACKASS BAR & GRILL           ___________________
          8156 E VALLEY RD              ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-2049       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150291

RANDY D NATIONS
STONETOWN LLC
RAVEN CAFE
P O BOX 2502
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130055         Renew? ______Yes_____No
Status:   Active           Status Date:     3/17/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               _________________
Location: RAVEN CAFE                    _________________
          142 N CORTEZ                  _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)717-0009       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150292

SKYLER HOLT REEVES
KELLER CORTEZ LLC
BARLEY HOUND
234 S CORTEZ
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133612         Renew? ______Yes_____No
Status:   Active           Status Date:     4/14/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SKYLER HOLT REEVES            ___________________
Location: BARLEY HOUND                  ___________________
          234 S CORTEZ ST               ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (323)788-5435       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150293

PATRICIA ANN WEATHERFORD
WEATHERFORD INVESTMENTS LLC
COUNTRY CORNER
8585 S HWY 89
KIRKLAND AZ 86332

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133160         Renew? ______Yes_____No
Status:   Active           Status Date:     2/21/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA ANN WEATHERFORD      _________________
Location: COUNTRY CORNER                _________________
          8885 S HWY 89                 _________________
          WILHOIT, AZ 86332             _________________
Business Phone:     (928)442-3878       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150294

RALPH SMITH HENDERSON
BPOE #2349
BPOE #2349
P O BOX 459
APACHE JUNCTION AZ 85217

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110004         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RALPH SMITH HENDERSON         ___________________
Location: BPOE #2349                    ___________________
          HWY 88 & BROWN RD             ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)982-9152       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150295

MARIA J TOPETE DE RUVALCABA
EL TAPATIO MARKET LLC
EL TAPATIO MARKET
5388 E SKYLINE DR
SAN TAN VALLEY AZ 85140

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113252         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA J TOPETE DE RUVALCABA   ___________________
Location: EL TAPATIO MARKET             ___________________
          5388 E SKYLINE DR             ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)987-9273       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150296

LOUIS E CELAYA
CELAYA LOUIS ET AL
OLD PUEBLO RESTAURANT
P O BOX 2197
FLORENCE AZ 85232

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12110001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LOUIS E CELAYA                _________________
Location: OLD PUEBLO RESTAURANT         _________________
          505 S MAIN ST                 _________________
          FLORENCE, AZ 85232            _________________
Business Phone:     (520)868-4784       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150297

DAVID KWAIL
CLIFF CASTLE LODGING INC
HOTEL AT CLIFF CASTLE
333 MIDDLE VERDE RD
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  11131001         Renew? ______Yes_____No
Status:   Inactive         Status Date:     2/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID  KWAIL                  ___________________
Location: HOTEL AT CLIFF CASTLE         ___________________
          333 MIDDLE VERDE RD           ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-7900       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150298

H J LEWKOWITZ
GILA RIVER INDIAN COMMUNITY/SUN VALLEY MARINA DEVELOPEMENT
BLACKWATER TRADING POST
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110021         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: BLACKWATER TRADING POST       ___________________
          HWY 87 4 MI W OF COOLIDGE     ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-5516       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150299

ELIZABETH ANN TAYLOR
RCCM FOOD TOWN INC
FOOD TOWN IGA
P O BOX 875
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110057         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELIZABETH ANN TAYLOR          ___________________
Location: FOOD TOWN IGA                 ___________________
          13 N SANTA CRUZ               ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)466-7790       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113231         Renew? ______Yes_____No
Status:   Active           Status Date:     3/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ELIZABETH ANN TAYLOR          ___________________
Location: FOOD TOWN IGA                 ___________________
          10601 W BATTAGLIA DR          ___________________
          ARIZONA CITY, AZ 85123        ___________________
Business Phone:     (520)466-7790       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150300

YONG DENG
CHEN'S CHINESE BISTRO CORP
CHEN'S CHINESE BISTRO
983 E AQUARIUS PL
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113148         Renew? ______Yes_____No
Status:   Active           Status Date:     1/22/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    YONG  DENG                    _________________
Location: CHEN'S CHINESE BISTRO         _________________
          5341 S SUPERSTITION MOUNTAIN DR D101   __________________
          GOLD CANYON, AZ 85218         __________________
Business Phone:     (602)206-8382       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150301

TSENG CHUAN TSENG
SZECHUAN RESTAURANT INC
SZECHUAN
1350 W HWY 89A #20 & #21
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133355         Renew? ______Yes_____No
Status:   Active           Status Date:     2/7/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TSENG CHUAN TSENG             _________________
Location: SZECHUAN                      _________________
          1350 W HIGHWAY 89A STE 20 & 21   __________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-9288       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150302

NICK A PARASKEVAS
GONE SOUTH LLC
NICK'S WEST SIDE
2920 W HWY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133404         Renew? ______Yes_____No
Status:   Active           Status Date:     3/31/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICK A PARASKEVAS             ___________________
Location: NICK'S WEST SIDE              ___________________
          2920 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)204-2088       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150303

JAYME SALAZAR
TACO DON'S LLC
TACO DON'S
624 MILLER VALLY RD
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133538         Renew? ______Yes_____No
Status:   Active           Status Date:     1/18/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAYME  SALAZAR                _________________
Location: TACO DON'S                    _________________
          624 MILLER VALLEY RD          _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-6246       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150304

CAMI LYNN GARCIA
GRAY GARCIA & ASSOCIATES PLLC
COBB'S RESTAURANT
126 S GOLDFIELD RD
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110043         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAMI LYNN GARCIA              ___________________
Location: COBB'S RESTAURANT             ___________________
          944 W APACHE TRAIL            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)982-3233       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150305

DANIEL KNODL
GOLDFIELD ENTERPRISES LLC
MAMMOTH STEAKHOUSE
2913 N 82ND ST
SCOTTSDALE AZ 85251

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110034         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DANIEL  KNODL                 _________________
Location: MAMMOTH STEAKHOUSE            _________________
          4650 N MAMMOTH MINE RD        _________________
          GOLDFIELD, AZ 85219           _________________
Business Phone:     (480)983-6402       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150306

JULIAN DAMACIO ACEVEDO
BPOE #2478
BPOE #2478
PO BOX 610
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110023         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIAN DAMACIO ACEVEDO        ___________________
Location: BPOE #2478                    ___________________
          401 VETERANS AVE              ___________________
          KEARNY, AZ 85237              ___________________
Business Phone:     (520)363-5666       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150307

MICHAEL DOUGLAS REED
FOE #3850
FOE #3850
P O BOX 1785
APACHE JUNCTION AZ 85117

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14111001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL DOUGLAS REED          _________________
Location: FOE #3850                     _________________
          2315 S COCONINO               _________________
          APACHE JUNCTION, AZ 85120     _________________
Business Phone:     (480)983-5701       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150308

LEE ANN AYERS
FASTRIP FOOD STORES INC
FASTRIP FOOD STORE
P O BOX 82515
BAKERSFIELD CA 93380

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110022         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEE ANN AYERS                 ___________________
Location: FASTRIP FOOD STORE            ___________________
          1620 N PINAL                  ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     6613937000          __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150309

GARY JAMES WALD
DRAGON FLY BAKERY LTD
DESERT FLOUR BAKERY & BISTRO
6446 HWY 179
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133254         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY JAMES WALD               ___________________
Location: DESERT FLOUR BAKERY & BISTRO  ___________________
          6446 HWY 179                  ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-4633       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150310

KENNETH RAY ROUSE
MPC SEDONA LLC
MARKETPLACE CAFE
6645 STATE ROUTE 179 #C7
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133513         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH RAY ROUSE             ___________________
Location: MARKETPLACE CAFE              ___________________
          6601 S  HWY 179 #A13          ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-5478       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150311

H J LEWKOWITZ
NEW ENCHANTMENT LLC
ENCHANTMENT RESORT
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130036         Renew? ______Yes_____No
Status:   Active           Status Date:     6/20/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: ENCHANTMENT RESORT            ___________________
          525 BOYNTON CANYON RD         ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-2900       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150312

CRAIG EDWARD WILLIAMS
REAMAX TRANSPORT COMPANY INC
EXPRESS FUEL
1887 SUMMITVIEW DR
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133113         Renew? ______Yes_____No
Status:   Active           Status Date:     3/4/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG EDWARD WILLIAMS         ___________________
Location: EXPRESS FUEL                  ___________________
          I 17 & BEAVER CREEK RD        ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (928)567-5419       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150313

MDGOUHS ALI
SUNLIGHT ENTERPRISES LLC
SUNLITE MARKET
P O BOX 2660
ARIZONA CITY AZ 85223

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113213         Renew? ______Yes_____No
Status:   Active           Status Date:     8/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MDGOUHS  ALI                  _________________
Location: SUNLITE MARKET                _________________
          13350 S SUNLAND GIN RD        _________________
          ARIZONA CITY, AZ 85223        _________________
Business Phone:     (520)466-5711       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150314

WILLIAM GREGORY TRACY
BILL'S GRILL #1 LLC
BILL'S GRILL
687 W CANYON DR
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133499         Renew? ______Yes_____No
Status:   Active           Status Date:     12/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM GREGORY TRACY         _________________
Location: BILL'S GRILL                  _________________
          333 S MONTEZUMA ST            _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)237-9138       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150315

MARY L REYNOSO
LA CASITA CAFE
P O BOX 353
MAMMOTH AZ 85618

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110042         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/1992
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA CASITA CAFE                _________________
          400 S HWY 77                  _________________
          MAMMOTH, AZ 85618             _________________
Business Phone:     (520)487-9980       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150316

GURNAM SINGH
G SINGH INC
TAJ MAHAL
124 N MONTEZUMA ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133450         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GURNAM  SINGH                 ___________________
Location: TAJ MAHAL                     ___________________
          124 N MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-5752       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150317

JOHN EDGAR SHAW
HACKERS GRILL
310 N PLAZA DR
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113033         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HACKERS GRILL                 _________________
          310 N PLAZA DR                _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (480)671-9933       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150318

ROBERT N HAMILL
ROBERTS MARKET PLACE INC
ROBERTS MARKET PLACE
6450 N VIEWPOINT DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130024         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT N HAMILL               ___________________
Location: ROBERTS MARKET PLACE          ___________________
          6450 N VIEWPOINT DR           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-8920       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  12133399         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT N HAMILL               ___________________
Location: PIZZA PLACE                   ___________________
          6450 N VIEWPOINT DR STE A     ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-8920       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150319

NANCY E KUHLMANN
CADALLIC CHAPARRAL
HCR3 BOX 1081
TUCSON AZ 85739

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110049         Renew? ______Yes_____No
Status:   Active           Status Date:     9/20/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CADALLIC CHAPARRAL            _________________
          22861 S HWY 79                _________________
          TUCSON, AZ 85739              _________________
Business Phone:     (520)884-0678       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150320

LISA LI CHANG MA
TAM'S BUSINESS LLC
CANTON DRAGON CHINESE CUISINE
7305 E PAV WAY
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133532         Renew? ______Yes_____No
Status:   Active           Status Date:     8/24/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA LI CHANG  MA             ___________________
Location: CANTON DRAGON CHINESE CUISINE ___________________
          7305 E PAV WAY                ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-3118       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150321

TERRI N SPRIGGS
CLEAR CREEK VILLAGE STORE
4483 E HWY 260 SPC 32
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133220         Renew? ______Yes_____No
Status:   Active           Status Date:     11/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: CLEAR CREEK VILLAGE STORE     _________________
          4483 E HWY 260 #32            _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-3879       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150322

ROBBIN BERTHA SCHULTZ
HITCHING POST INVESTMENTS LLC
50'S DINER/BACKSEAT BAR
19780 E HITCHING POST WAY
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133534         Renew? ______Yes_____No
Status:   Active           Status Date:     10/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBBIN BERTHA SCHULTZ         ___________________
Location: 50'S DINER/BACKSEAT BAR       ___________________
          19780 E HITCHING POST WAY     ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (928)632-4440       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150323

RONALD S LOY
LOY FOOD STORES INC
RON'S GENERAL STORE
P O BOX 88
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130045         Renew? ______Yes_____No
Status:   Active           Status Date:     3/23/1987
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD S LOY                  _________________
Location: RON'S GENERAL STORE           _________________
          34360 S OLD BLACK CANYON HWY   __________________
          BLACK CANYON CITY, AZ 85324   __________________
Business Phone:     (623)374-5546       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150324

MARTIN GAYTAN CALDERON
C & M LLC
AZTECA GRILL
8116 E SPOUSE DR STE A
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133387         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARTIN GAYTAN CALDERON        ___________________
Location: AZTECA GRILL                  ___________________
          8116 E SPOUSE DR STE A        ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-5312       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150325

IBRAHIM I GHANNAM
STANFIELD'S FOOD MART INC
STANFIELD FOOD MART
P O BOX 490
STANFIELD AZ 85272

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113054         Renew? ______Yes_____No
Status:   Active           Status Date:     12/28/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    IBRAHIM I GHANNAM             ___________________
Location: STANFIELD FOOD MART           ___________________
          36622 W HWY 84                ___________________
          STANFIELD, AZ 85272           ___________________
Business Phone:     (520)424-9668       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150326

CHRISOSTOMOS MACRIS
CHRIS'S PIZZA & PASTA CONNECTION LTD
CHRIS'S DINER
P O BOX 4243
ARIZONA CITY AZ 85223

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12113154         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISOSTOMOS  MACRIS          ___________________
Location: CHRIS'S DINER                 ___________________
          8638 W SANDY LN               ___________________
          ARIZONA CITY, AZ 85233        ___________________
Business Phone:     (520)494-0485       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150327

PATRICIA LYNN PARSONS
MAIN STREET TAVERN LLC
MAIN STREET TAVERN
783 W PINKLEY AVE
COOLIDGE AZ 85128

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110028         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/31/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA LYNN PARSONS         _________________
Location: MAIN STREET TAVERN            _________________
          221 S MAIN ST                 _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (520)560-5082       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150328

LAURA SEEMANN GISBORNE
SYCAMORE CANYON WINERY ET AL
SYCAMORE CANYON WINERY
P O BOX 4130
SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133007         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAURA SEEMANN GISBORNE        ___________________
Location: SYCAMORE CANYON WINERY        ___________________
          2060 DANCING APACHE ROAD      ___________________
          CORNVILLE, AZ 86340           ___________________
Business Phone:     (928)301-2377       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150329

SILIVIA FLORES
TRES BANDERAS
1422 E BROADWAY
APACHE JUNCTION AZ 85119

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12113009         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: TRES BANDERAS                 _________________
          1422 E BROADWAY               _________________
          APACHE JUNCTION, AZ 85119     _________________
Business Phone:     (602)671-9671       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150330

BILL D MC SWAIN
MCMASHERS INC
MCMASHERS SPORTS BAR & GRILL
1355 E FLORENCE BLVD STE 139
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110022         Renew? ______Yes_____No
Status:   Active           Status Date:     7/15/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BILL D MC SWAIN               ___________________
Location: MCMASHERS SPORTS BAR & GRILL  ___________________
          1355 E FLORENCE BLVD STE 139   ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)426-1472       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150331

ANTHONY DONLIN
TAMERON ED ET AL
LOS HERMANOS
P O BOX L
SUPERIOR AZ 85273

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110023         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY  DONLIN               _________________
Location: LOS HERMANOS                  _________________
          835 HWY 60                    _________________
          SUPERIOR, AZ 85273            _________________
Business Phone:     (520)689-5465       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150332

CECILIA MARIE ALVARADO
SIDEWAYS SNOW CAP PARTNERSHIP
DELGADILLO'S SNOW CAP
PO BOX 277
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130062         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CECILIA MARIE ALVARADO        ___________________
Location: DELGADILLO'S SNOW CAP         ___________________
          22235 W OLD HIGHWAY 66        ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (928)422-3291       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150333

ROBERT MICHAEL DELGADO
HENSLEY & COMPANY
HENSLEY & COMPANY
ATTN: ACCOUNTS PAYABLE
4201 N 45TH AVE
PHOENIX AZ 85031

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04133005         Renew? ______Yes_____No
Status:   Active           Status Date:     4/2/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT MICHAEL DELGADO        ___________________
Location: HENSLEY & COMPANY             ___________________
          10201 E VALLEY ROAD           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (602)264-1635       __________

Renewal Fees:
     License Renewal:                  250.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            320.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150334

PATRICIA ANN WISNOWSKI
WISNOWSKI FAMILY RESTAURANT LLC
TOMMY'S BISTRO
913 E 8TH STREET
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06113001         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA ANN WISNOWSKI        _________________
Location: TOMMY'S BISTRO                _________________
          913 E 8TH ST                  _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)876-9028       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150335

RAY FRANCES FREITAS
PARADISE PRODUCE LLC
FREITAS VINEYARDS
1575 PARADISE DR
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133002         Renew? ______Yes_____No
Status:   Active           Status Date:     10/18/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAY FRANCES FREITAS           ___________________
Location: FREITAS VINEYARDS             ___________________
          1575 PARADISE DR              ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)639-2149       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150336

JOEL DOUGLAS BLAKE
BLAKE & BURK ENTERPRISES INC
OUTPOST SALOON
8172 E LONG MESA DR #B
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06130021         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOEL DOUGLAS BLAKE            ___________________
Location: OUTPOST SALOON                ___________________
          8172 E LONG MESA DR #B        ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-0377       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150337

JOHN RAYMOND EHALT
PJ'S VILLAGE PUB INC
PJ'S VILLAGE PUB
40 W CORTEZ #10
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130009         Renew? ______Yes_____No
Status:   Active           Status Date:     5/24/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN RAYMOND EHALT            _________________
Location: PJ'S VILLAGE PUB              _________________
          40 W CORTEZ #10               _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (520)284-2250       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150338

ANTONIA DELGADO
EVNOS LA MEXICANITA
454 S MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133249         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: EVNOS LA MEXICANITA           _________________
          454 S MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)202-3506       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150339

BETH THAYER CANEDY
VERDE VALLEY FAIR ASSOC INC
VERDE VALLEY FAIR ASSOC
P O BOX 1974
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130057         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BETH THAYER CANEDY            ___________________
Location: VERDE VALLEY FAIR ASSOC       ___________________
          1110 E CHERRY ST              ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3290       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150340

ELVIA LUZ CORONADO
MARISCOS PULPO LOCO
15720 N RALSTON RD
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113061         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: MARISCOS PULPO LOCO           _________________
          44630 MARICOPA                _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)568-2250       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150341

KARL A PALEN
CRUSTY'S PIZZA & SUBS INC
CRUSTY'S PIZZA & SUBS
P O BOX 2177
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131003         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KARL A PALEN                  _________________
Location: CRUSTY'S PIZZA & SUBS         _________________
          FINNEY FLATS OUTPOST MALL UNITS 1 & 2   __________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-6444       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150342

GUADALUPE TORRES TORRES
TORRES & CORTES LLC
CAFE DE MANUEL
1386 E CACTUS BLOOM WAY
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113166         Renew? ______Yes_____No
Status:   Active           Status Date:     9/25/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GUADALUPE  TORRES TORRES      ___________________
Location: CAFE DE MANUEL                ___________________
          1300 N PINAL AVE              ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)421-3199       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150343

JOHN STEPHEN PROTESTO
SPENCER STEPHENS LLC
FINAL SCORE SPORTS BAR & GRILL
1509 CATHEDRAL PINES CIRCLE
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130023         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN STEPHEN PROTESTO         ___________________
Location: FINAL SCORE SPORTS BAR & GRILL___________________
          1011 COMMERCE DR #A&B         ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-2211       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150344

IRENE MARIE WINTER
PRESCOTT FRONTIER DAYS INC
PRESCOTT FRONTIER DAYS RODEO
P O BOX 2037
PRESCOTT AZ 86302

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130029         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    IRENE MARIE WINTER            ___________________
Location: PRESCOTT FRONTIER DAYS RODEO  ___________________
          840 RODEO DR BLDG H           ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)445-3103       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150345

JOHVONN JOSEPH ZITO
8930 E VALLEY RD LLC
TUSCAN KITCHEN
8930 E VALLEY RD
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133553         Renew? ______Yes_____No
Status:   Active           Status Date:     8/6/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHVONN JOSEPH ZITO           ___________________
Location: TUSCAN KITCHEN                ___________________
          8930 E VALLEY RD              ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-1461       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150346

HAN CHIEN SHIAO
WILLIAM SHIAO LLC
BEIJING GARDEN
1042 WILLOW CREEK RD STE 105
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130052         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HAN CHIEN  SHIAO              _________________
Location: BEIJING GARDEN                _________________
          1042 WILLOW CREEK RD          _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-5276       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150347

JEANNA CLARE DEL COTTO
PAPAGO CANTINA LLC
PAPAGO CANTINA
51460 W DEER RUN RD
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110007         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEANNA CLARE DEL COTTO        ___________________
Location: PAPAGO CANTINA                ___________________
          49237 W PAPAGO RD STE 007     ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-0808       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12113150         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEANNA CLARE DEL COTTO        ___________________
Location: RACEWAY BAR & GRILL           ___________________
          49237 W PAPAGO RD # 007       ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-0800       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150348

RICHARD GLENN BICKER, JR.
BICKER ENTERPRISES INC
LIQUOR BARN
P O BOX 4723
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130026         Renew? ______Yes_____No
Status:   Active           Status Date:     11/10/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD GLENN BICKER, JR.     _________________
Location: LIQUOR BARN                   _________________
          315 BUSINESS PARK DR #5       _________________
          CHINO VALLEY, AZ 86323        _________________
Business Phone:     (928)636-2989       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150349

JAMES RONALD DETHERAGE
BARGAIN SMART LLC
BARGAIN SMART
P O BOX 2161
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133247         Renew? ______Yes_____No
Status:   Active           Status Date:     7/25/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES RONALD DETHERAGE        ___________________
Location: BARGAIN SMART                 ___________________
          873 HOWARDS RD                ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)239-9092       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150350

NICHOLAS CARL GUTTILLA
ALBERTSON'S LLC
HAGGEN
P O BOX 20
ATTN TAX DEPT 70428
BOISE ID 83726

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130002         Renew? ______Yes_____No
Status:   Pending          Status Date:     5/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: HAGGEN                        ___________________
          174 E SHELDON RD              ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-5613       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09130001         Renew? ______Yes_____No
Status:   Pending          Status Date:     5/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: HAGGEN                        ___________________
          7450 E HWY 69                 ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-2212       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150351

THOMAS RICHARD PARKS
PARKS ENTERPRISES INC
DIRTWATER SPRINGS
586 W APACHE TRAIL
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113083         Renew? ______Yes_____No
Status:   Active           Status Date:     6/15/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS RICHARD PARKS          ___________________
Location: DIRTWATER SPRINGS             ___________________
          586 W APACHE TRAIL            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)983-3478       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150352

VARR HUGH MYERS
COOLIDGE FLORENCE ELK LODGE #2350
ELKS #2350
P O BOX 1033
FLORENCE AZ 85232

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14113009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VARR HUGH MYERS               ___________________
Location: ELKS #2350                    ___________________
          2241 N ATTAWAY RD             ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-3832       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150353

NICHOLAS CARL GUTTILLA
PETER PIPER INC
PETER PIPER PIZZA #16
5415 E HIGH ST #200
GUTTILLA MURPHY ANDERSON
PHOENIX AZ 85054

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110066         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: PETER PIPER PIZZA #16         ___________________
          1355 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-0727       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  07130009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: PETER PIPER PIZZA #35         ___________________
          1911 E HIGHWAY 69             ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)778-9000       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150354

HSUEH H CHIANG
MYONG HSUEH CHIANG ET AL
LUCKY CHINESE RESTAURANT
1350 E FLORENCE BLVD #B
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110049         Renew? ______Yes_____No
Status:   Active           Status Date:     11/10/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HSUEH H CHIANG                _________________
Location: LUCKY CHINESE RESTAURANT      _________________
          1350 E FLORENCE BLVD #B       _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)836-0102       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150355

WILLIAM SYDNEY BENSON
KORE VENTURES INC
TWIN LAKES MARKET
321 HEIDI LN
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133208         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM SYDNEY BENSON         _________________
Location: TWIN LAKES MARKET             _________________
          3122 N HWY 89                 _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)776-9698       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150356

ROBERT JOSEPH NELSON
SMITH'S FOOD & DRUG CENTERS INC
FRYS MARKETPLACE #672
P O BOX 305103
NASHVILLE TN 37230

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110035 Renew? _____Yes_____No
Status: Active Status Date: 7/26/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRYS MARKETPLACE #672 _____
20797 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85239 _____
Business Phone: (520)568-6200 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110043 Renew? _____Yes_____No
Status: Active Status Date: 4/30/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S MARKETPLACE #682 _____
155 W COMBS RD _____
QUEEN CREEK, AZ 85243 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110055 Renew? _____Yes_____No
Status: Inactive Status Date: 7/9/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S MARKETPLACE #669 _____
2858 N PINAL AVE _____
CASA GRANDE, AZ 85222 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09119000 Renew? _____Yes_____No
Status: Active Status Date: 7/9/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S MARKETPLACE #669 _____
2858 N PINAL AVE _____
CASA GRANDE, AZ 85222 _____
Business Phone: _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110048 Renew? _____Yes_____No
Status: Active Status Date: 2/9/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #65 _____
185 W APACHE TRL _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (480)288-2140 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110062 Renew? _____Yes_____No
Status: Active Status Date: 12/13/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #48 _____
1385 E FLORENCE BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)836-1701 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09114001 Renew? _____Yes_____No
Status: Active Status Date: 9/10/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #84 _____
542 E HUNT HWY _____
QUEEN CREEK, AZ 85242 _____
Business Phone: (480)888-1788 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09133001 Renew? _____Yes_____No
Status: Inactive Status Date: 7/9/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #77 _____
3198 WILLOW CREEK RD _____
PRESCOTT, AZ 86305 _____
Business Phone: (928)778-3717 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130029 Renew? _____Yes_____No
Status: Active Status Date: 7/9/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #77 _____
3198 WILLOW CREEK RD _____
PRESCOTT, AZ 86305 _____
Business Phone: (928)778-3717 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130048 Renew? _____Yes_____No
Status: Active Status Date: 4/19/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #63 _____
3100 N GLASSFORD HILL RD _____
PRESCOTT VALLEY, AZ 85314 _____
Business Phone: (928)445-3010 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130011 Renew? _____Yes_____No
Status: Active Status Date: 9/3/1998
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #103 _____
1100 HWY 279 BLDG A _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-9611 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09133000 Renew? _____Yes_____No
Status: Active Status Date: 11/22/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ROBERT JOSEPH NELSON _____
Location: FRY'S FOOD & DRUG #116 _____
950 W FAIR ST _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)778-6494 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150357

SONG POK KWAK
DO5M LLC
LIQUOR BARN
405 W GOODWIN ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130020         Renew? ______Yes_____No
Status:   Active           Status Date:     8/28/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SONG POK KWAK                 _________________
Location: LIQUOR BARN                   _________________
          405 W GOODWIN ST              _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)445-1521       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150358

THOMAS J TILLERY
BRAND T SQUARE LLC
DRY GULCH STEAKHOUSE
320 N ARIZONA ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12130032         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS J TILLERY              ___________________
Location: DRY GULCH STEAKHOUSE          ___________________
          1630 ADAMS                    ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)778-9693       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150359

DAVID WAYNE BENNETT
BENNETT'S OIL CO
CLASSIC GAS
810 E SHELDON ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133201         Renew? ______Yes_____No
Status:   Inactive         Status Date:     7/1/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID WAYNE BENNETT           ___________________
Location: CLASSIC GAS                   ___________________
          1310 IRON SPRINGS RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-2266       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150360

CLARE HOLLIE ABEL
BRINKER RESTAURANT CORP
CHILI'S GRILL & BAR #852
C/O BRINKER REST CORP
6820 LBJ FREEWAY
DALLAS TX 75240

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113062         Renew? ______Yes_____No
Status:   Active           Status Date:     10/23/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: CHILI'S GRILL & BAR #852      ___________________
          1532 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)876-5976       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133308         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: CHILI'S BAR & GRILL #1154     ___________________
          7281 E PAV WY                 ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-6918       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150361

AMIR BOUTROUS SULAIMAN
JB FARMER'S CONVENIENCE STORE INC
FARMER'S CONVENIENCE STORE
6160 E WOODRIDGE DR
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110005         Renew? ______Yes_____No
Status:   Active           Status Date:     8/27/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMIR BOUTROUS SULAIMAN        ___________________
Location: FARMER'S CONVENIENCE STORE    ___________________
          49301 W PAPAGO RD             ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-2528       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150362

AMY SUZZANE WIETERS
EATIN' THYME LLC
LAST CHANCE GENERAL STORE
P O BOX 185
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133283         Renew? ______Yes_____No
Status:   Active           Status Date:     6/9/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AMY SUZZANE WIETERS           ___________________
Location: LAST CHANCE GENERAL STORE     ___________________
          507 B MAIN ST                 ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)634-0284       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150363

LUIS A ESPINOZA
EL AGAVE LLC
LA CASITA FAMILY MEXICAN RESTAURANT
4635 S PINTO TRAIL
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133581         Renew? ______Yes_____No
Status:   Active           Status Date:     3/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LUIS A ESPINOZA               ___________________
Location: LA CASITA FAMILY MEXICAN RESTAURANT___________________
          37 HOLLAMON STREET            ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)202-2259       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150364

M TERESA ECHEVERRIA-MACHELOR
CREATIVE LABOR SERVICES, INC
CREATIVE CAFE
PO BOX 10906
CASA GRANDE AZ 85230

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110008         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    M TERESA ECHEVERRIA-MACHELOR  __________________
Location: CREATIVE CAFE                 __________________
          1420 N TREKELL RD             __________________
          CASA GRANDE, AZ 85222         __________________
Business Phone:     (520)421-0442       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150365

JAIME CHAVEZ GARCIA
SELIGMAN GROCERY
7554 N PARADISE FOUND TRL
PRESCOTT VALLEY AZ 86315

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133272         Renew? ______Yes_____No
Status:   Active           Status Date:     10/22/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SELIGMAN GROCERY              _________________
          100 N MAIN ST                 _________________
          SELIGMAN, AZ 86337            _________________
Business Phone:     (928)422-3386       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150366

RANDY D NATIONS
JSH TIME LLC
SUPERSTITION MOUNTAIN GOLF & COUNTRY CLUB
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14113013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SUPERSTITION MOUNTAIN GOLF & COUNTRY CLUB___________________
          8000 E CLUB VILLAGE DR        ___________________
          SUPERSTITION MOUNTAIN, AZ 85118___________________
Business Phone:     (480)983-3200       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150367

STEPHEN JAMES BUYSSE
BUYSSE STEPHEN JAMES JTWROS
FAMOUS PIZZA
2098 S PEARL DR
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07135001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN JAMES BUYSSE          ___________________
Location: FAMOUS PIZZA                  ___________________
          10 BELL ROCK PLAZA            ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-3085       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150368

JULIA KRISTEN MIKKELSEN
AIRPORT TAVERN LLC
AIRPORT TAVERN
12590 W WAVERLY DR
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110039         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIA KRISTEN MIKKELSEN       _________________
Location: AIRPORT TAVERN                _________________
          1801 N PINAL AVE              _________________
          CASA GRANDE, AZ 85122         _________________
Business Phone:     (520)426-4266       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150369

BONNIE WENDY GRANT
CORK AND CATCH LLC
CORK AND CATCH
2031 DEL MAR
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133520         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BONNIE WENDY GRANT            ___________________
Location: CORK AND CATCH                ___________________
          1750 E VILLA  DR A & B        ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-2675       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150370

CELIA OTERO MEEKS
RED ROCK CAFE & BAR
PO BOX 1224
RED ROCK AZ 85145

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110052         Renew? ______Yes_____No
Status:   Active           Status Date:     7/2/1999
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: RED ROCK CAFE & BAR           _________________
          I-10 & SASCO                  _________________
          RED ROCK, AZ 85145            _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150371

THERESA JUNE MORSE
B-DESH ENTERPRISES LLC
HWY 69 MARKET
530 E MCDOWELL RD #107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133242         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: HWY 69 MARKET                 ___________________
          8470 E STATE ROUTE HWY 69     ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-6112       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150372

GOLAB MOMEN KHANI
G & H CUISINE LLC
FARSIDE BISTRO
1075 S STATE ROUTE 260 UNIT #C
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133597         Renew? ______Yes_____No
Status:   Active           Status Date:     12/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GOLAB  MOMEN KHANI            _________________
Location: FARSIDE BISTRO                _________________
          1075 S STATE ROUTE 260 UNIT C   __________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150373

MICHAEL KRISTOPHER BRINKIN
RED MEX LLC
RED ESTILO MEX
105 W FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113252         Renew? ______Yes_____No
Status:   Active           Status Date:     5/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL KRISTOPHER BRINKIN    ___________________
Location: RED ESTILO MEX                ___________________
          105 W FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-1404       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150374

DIANE LOUISE HUNTSBARGER
MS MASAKI LLC
MS MASAKI SUSHI LOUNGE
1802 E BIRCH ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133615         Renew? ______Yes_____No
Status:   Active           Status Date:     4/6/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DIANE LOUISE HUNTSBARGER      ___________________
Location: MS MASAKI SUSHI LOUNGE        ___________________
          654 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-9744       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150375

H J LEWKOWITZ
ROCK SPRINGS OPERATING COMPANY LLC
ROCK SPRINGS
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130017         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: ROCK SPRINGS                  ___________________
          ROCK SPRINGS I-17             ___________________
          ROCK SPRINGS, AZ 85324        ___________________
Business Phone:     (623)374-5794       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150376

RICHARD DEAN GUEST
EXPRESS FOODS CASH & CARRY INC
S & G CONVENIENCE STORE
603 N BEAVER ST
BAGDAD AZ 86321

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10130068         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD DEAN GUEST            ___________________
Location: S & G CONVENIENCE STORE       ___________________
          MAIN ST                       ___________________
          BAGDAD, AZ 86321              ___________________
Business Phone:     (520)774-6206       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150377

JASBIR SINGH WAZIR
GURUKIRPA LLC
FLORENCE CHEVRON
1216 E WINSOR AVE
PHOENIX AZ 85006

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113151         Renew? ______Yes_____No
Status:   Active           Status Date:     9/26/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JASBIR SINGH WAZIR            ___________________
Location: FLORENCE CHEVRON              ___________________
          320 W FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)576-5766       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150378

BINGCAI CHEN
ASIAN BUFFET LLC
ASIAN BUFFET
1749 W HUNT HWY #101
SAN TAN VALLEY AZ 85143

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12113208         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BINGCAI  CHEN                 __________________
Location: ASIAN BUFFET                  __________________
          1749 W HUNT HWY #101          __________________
          SAN TAN VALLEY, AZ 85143      __________________
Business Phone:     (480)888-1619       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150379

CHARLENE MARIE ZACK
ABBIE'S KICHEN LLC
ABBIE'S FINE FOODS AND CATERING
778 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133504         Renew? ______Yes_____No
Status:   Active           Status Date:     1/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLENE MARIE ZACK           ___________________
Location: ABBIE'S FINE FOODS AND CATERING___________________
          778 N MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3300       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150380

GEORGE LOUIS DANIEL
SPOT BCC LLC
SPOT
20301 E SQUAW VALLEY RD
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133140         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE LOUIS DANIEL           ___________________
Location: SPOT                          ___________________
          20301 E SQUAW VALLEY RD       ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-5429       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150381

CHERYL ANN SOTO
BAREFOOT BOBS LLC
BAREFOOT BOB'S BILLIARDS
1471 VYNE ST
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06130055         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHERYL ANN SOTO               ___________________
Location: BAREFOOT BOB'S BILLIARDS      ___________________
          8367 E PECOS DR STE 2 &3      ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)925-4788       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150382

DAVID VINCENT MARINO
MARINO ENTERPRISES LLC
MARINO'S CORNER BISTRO
755 KOPAVI TRAIL
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133574         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID VINCENT MARINO          ___________________
Location: MARINO'S CORNER BISTRO        ___________________
          148 N MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-4168       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150383

JOAN HELEN SHAY
ADULT CENTER OF PRESCOTT
ADULT CENTER OF PRESCOTT
1280 E ROSSER ST STE B
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14133010         Renew? ______Yes_____No
Status:   Active           Status Date:     4/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOAN HELEN SHAY               ___________________
Location: ADULT CENTER OF PRESCOTT      ___________________
          1280 E ROSSER ST STE B        ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-3000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150384

MICHAEL JOSEPH BASHA
BASHAS' INC
FOOD CITY #21
P O BOX 488
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110023 Renew? _____Yes_____No
Status: Active Status Date: 6/1/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #21 _____
1162 E FLORENCE BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)836-8841 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110004 Renew? _____Yes_____No
Status: Active Status Date: 5/27/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS #109 _____
21044 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85239 _____
Business Phone: (520)836-4400 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110052 Renew? _____Yes_____No
Status: Active Status Date: 2/26/1997
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #115 _____
1477 E APACHE TRL _____
APACHE JUNCTION, AZ 85120 _____
Business Phone: (480)983-7655 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110051 Renew? _____Yes_____No
Status: Active Status Date: 9/16/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #4 _____
300 N FLORENCE _____
CASA GRANDE, AZ 85122 _____
Business Phone: (480)963-0518 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110056 Renew? _____Yes_____No
Status: Active Status Date: 4/11/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #82 _____
5311 S SUPERSTITION MTN DR _____
GOLD CANYON, AZ 85219 _____
Business Phone: (480)474-9401 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130003 Renew? _____Yes_____No
Status: Active Status Date: 2/24/1994
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #28 _____
160 COFFEE POT RD _____
SEDONA, AZ 86336 _____
Business Phone: (602)257-1470 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130004 Renew? _____Yes_____No
Status: Active Status Date: 2/24/1994
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: FOOD CITY #37 _____
1051 E HWY 279 _____
COTTONWOOD, AZ 86326 _____
Business Phone: (602)257-1317 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130018 Renew? _____Yes_____No
Status: Active Status Date: 6/30/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MICHAEL JOSEPH BASHA _____
Location: BASHAS' #91 _____
105 W MAIN ST _____
BAGDAD, AZ 86321 _____
Business Phone: (928)633-4599 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

```
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

--------------------------------------------------------------------------------
License#  09130005         Renew? ______Yes_____No
Status:   Active           Status Date:     1/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JOSEPH BASHA          ___________________
Location: BASHAS' #49                   ___________________
          650 W FINNEY FLAT RD          ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (602)252-5385       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150385

HOLLY ELIZABETH KAMOUZIS
KAMOUZIS ROMERO PARTNERSHIP ET AL
GOLDEN 9 RESTAURANT
4965 S SUNLAND GIN RD
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110087         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HOLLY ELIZABETH KAMOUZIS      _________________
Location: GOLDEN 9 RESTAURANT           _________________
          I-10 & SUNLAND GIN RD         _________________
          ELOY, AZ 85231                _________________
Business Phone:     (520)836-2416       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150386

KATHERINE LOUISE WOODS
KACTUS KATE'S LLC
KACTUS KATE'S
929 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130063         Renew? ______Yes_____No
Status:   Active           Status Date:     2/24/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KATHERINE LOUISE WOODS        _________________
Location: KACTUS KATE'S                 _________________
          929 N MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (520)634-7822       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150387

DEBRA JEAN SMITH
RACKS SPORTS BAR & GRILL LLC
RACKS SPORTS BAR & GRILL
6499 S KINGS RANCH PL #6
PMB 90
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110080         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBRA JEAN SMITH              ___________________
Location: RACKS SPORTS BAR & GRILL      ___________________
          8654 E TOPAZ DR               ___________________
          GOLD CANYON, AZ 85218         ___________________
Business Phone:     (480)980-7225       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150388

TIMOTHY LEONARD BYRNE
TLB VENTURES INC
BLUE MOON CAFE
6101 HWY 179 STE B
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133202         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TIMOTHY LEONARD BYRNE         ___________________
Location: BLUE MOON CAFE                ___________________
          6101 HWY 179 STE B            ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-1831       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150389

SHAUNA MARIE STEVENS
ENERGY HOUSING SOLUTIONS INC
FITZ STOP
1393 E QUEEN VALLEY DR #2
QUEEN VALLEY AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10113232 Renew? _____Yes_____No
Status: Active Status Date: 2/14/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHAUNA MARIE STEVENS _____
Location: FITZ STOP _____
1393 EAST QUEEN VALLEY DR #1 _____
QUEEN VALLEY, AZ 85118 _____
Business Phone: (520)463-1903 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 12113227 Renew? _____Yes_____No
Status: Active Status Date: 2/14/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: SHAUNA MARIE STEVENS _____
Location: FITZ'S CAFE _____
1393 E QUEEN VALLEY DR # 2 _____
QUEEN VALLEY, AZ 85118 _____
Business Phone: (520)463-1903 _____
% Of Revenue From Food Sales: _____

Renewal Fees:

License Renewal:	500.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	20.00
Total:	585.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150390

BENJAMIN ALVAREZ
BEN MONICA SERAFIN MANAGEMENT INC
DINNER BELL
321 W GURELY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133522         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BENJAMIN  ALVAREZ             ___________________
Location: DINNER BELL                   ___________________
          321 W GURLEY ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-9888       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150391

KERRIE LEE SNYDER
10-12 LOUNGE
PO BOX 26
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130051         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: 10-12 LOUNGE                  _________________
          910-912 MAIN ST               _________________
          CLARKDALE, AZ 86324           _________________
Business Phone:     (928)639-0800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150392

ADRIAN M MEDINA
CANYON DISTRIBUTING COMPANY
CANYON DISTRIBUTING
2682 W OATMAN RD
KINGMAN AZ 86401

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  04133006         Renew? ______Yes_____No
Status:   Active           Status Date:     10/15/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADRIAN M MEDINA               ___________________
Location: CANYON DISTRIBUTING           ___________________
          10190 E VALLEY RD             ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)445-0652       __________

Renewal Fees:
     License Renewal:                  250.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            320.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150393

HOWARD H KARMAN
FRANCISCO GRANDE USA INC
FRANCISCO GRANDE HOTEL
P O BOX 11208
CASA GRANDE AZ 85130-0148

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110091         Renew? ______Yes_____No
Status:   Active           Status Date:     10/29/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HOWARD H KARMAN               ___________________
Location: FRANCISCO GRANDE HOTEL        ___________________
          26000 W GILA BEND HWY         ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-8222       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150394

JAMES ALLAN O'MEALLY
AMERICAN ROUX GROUP LLC
UP THE CREEK GRILL
P O BOX 1393
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130053         Renew? ______Yes_____No
Status:   Active           Status Date:     3/12/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ALLAN O'MEALLY          ___________________
Location: UP THE CREEK GRILL            ___________________
          2 MI E OF 89A ON PAGE SPRINGS RD   ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)634-9954       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12133603         Renew? ______Yes_____No
Status:   Active           Status Date:     3/12/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES ALLAN O'MEALLY          ___________________
Location: UP THE CREEK GRILL            ___________________
          2 MI E OF 89A ON PAGE SPRINGS RD   ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)634-9954       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150395

GLORIA ANN THOMAS
SIF OIDAK DEVELOPMENT AUTHORITY
SODA STOP
9376 S CHUICHU RD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113244         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GLORIA ANN THOMAS             ___________________
Location: SODA STOP                     ___________________
          HWY 15 5 1/2 MI S OF CASA GRANDE   ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-3601       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150396

MATTHEW LOUIS BRASSARD
M & M ESTABLISHMENTS INC
MATT'S SALOON / DOC HOLLIDAY'S
112 SOUTH MONTEZUMA ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130053         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MATTHEW LOUIS BRASSARD        ___________________
Location: MATT'S SALOON / DOC HOLLIDAY'S___________________
          112 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)771-8788       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150397

ALEX CHANG
CHANG'S DEVELOPMENT INC
MING HOUSE
888 S MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133056         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEX  CHANG                   ___________________
Location: MING HOUSE                    ___________________
          888 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)639-2885       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150398

MITCHELL DAVID LEVY
BURNING TREE CELLARS LLC
BURNING TREE CELLARS
1040 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133032         Renew? ______Yes_____No
Status:   Active           Status Date:     7/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MITCHELL DAVID LEVY           ___________________
Location: BURNING TREE CELLARS          ___________________
          1040 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-8733       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150399

KEVIN JAMES VOIGHT
V F W #7968
V F W #7968
250 S PHELPS DR
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14113012         Renew? ______Yes_____No
Status:   Active           Status Date:     3/4/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN JAMES VOIGHT            ___________________
Location: V F W #7968                   ___________________
          250 S PHELPS DR               ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)671-6239       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150400

MARIA L CHAVEZ DE LOPEZ
LUCEROS DANCE HALL INC
EL LUCEROS
P O BOX 460
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110057         Renew? ______Yes_____No
Status:   Active           Status Date:     7/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA L CHAVEZ DE LOPEZ       _________________
Location: EL LUCEROS                    _________________
          206 S MAIN ST                 _________________
          ELOY, AZ 85131                _________________
Business Phone:     (520)302-3178       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150401

STONEY OESTERREICH
V F W #3713
V F W #3713
328 W COOLIDGE AVE
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110019         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STONEY  OESTERREICH           ___________________
Location: V F W #3713                   ___________________
          328 W COOLIDGE AVE            ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-4443       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150402

MAYNARD JAMES KEENAN
CADUCEUS CELLARS LLC
CADUCEUS CELLARS TASTING ROOM
PO BOX 905
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07130020 Renew? _____Yes_____No
Status: Active Status Date: 5/28/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MAYNARD JAMES KEENAN _____
Location: CADUCEUS CELLARS TASTING ROOM _____
160 MAIN ST _____
JEROME, AZ 86331 _____
Business Phone: (928)634-5006 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 07130065 Renew? _____Yes_____No
Status: Active Status Date: 4/29/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MAYNARD JAMES KEENAN _____
Location: FOUR EIGHT WINEWORKS _____
907 MAIN ST _____
CLARKDALE, AZ 86324 _____
Business Phone: (928)649-2007 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 13133018 Renew? _____Yes_____No
Status: Active Status Date: 5/28/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MAYNARD JAMES KEENAN _____
Location: CADUCEUS CELLARS TASTING ROOM _____
160 MAIN ST _____
JEROME, AZ 86331 _____
Business Phone: (928)634-5006 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 13133031 Renew? _____Yes_____No
Status: Active Status Date: 6/20/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MAYNARD JAMES KEENAN _____
Location: CADUCEUS CELLARS/FOUR EIGHT WINEWORKS_____
4626 OLD HWY 279 _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)301-0146 _____

```
Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

-------------------------------------------------------------------------------
License#  13133014         Renew? ______Yes_____No
Status:   Active           Status Date:     7/29/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAYNARD JAMES KEENAN          _________________
Location: CADUCEUS CELLARS              _________________
          103 DUNDEE AVE                _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)634-5006       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150403

CLARE HOLLIE ABEL
WAL-MART STORES INC
WAL-MART SUPERCENTER #3751
702 SW 8 ST
WAL-MART STORES INC DEPT 8916
BENTONVILLE AR 72716

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110053 Renew? _____Yes_____No
Status: Active Status Date: 1/27/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #3751 _____
1725 W HUNT HWY _____
QUEEN CREEK, AZ 85143 _____
Business Phone: (480)677-2149 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110007 Renew? _____Yes_____No
Status: Active Status Date: 3/13/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL - MART SUPERCENTER #1381 _____
2555 W APACHE TRL _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (480)380-3800 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110069 Renew? _____Yes_____No
Status: Active Status Date: 7/28/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #1218 _____
1741 E FLORENCE BLVD _____
CASA GRANDE, AZ 85293 _____
Business Phone: (520)421-1200 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110071 Renew? _____Yes_____No
Status: Active Status Date: 4/10/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #4430 _____
41650 W MARICOPA-CASA GRANDE HWY _____
MARICOPA, AZ 85138 _____
Business Phone: (520)568-0846 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110050 Renew? _____Yes_____No
Status: Active Status Date: 12/6/2000
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL - MART SUPERCENTER #2778 _____
1695 N ARIZONA BLVD _____
COOLIDGE, AZ 85128 _____
Business Phone: (520)723-0945 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130032 Renew? _____Yes_____No
Status: Active Status Date: 9/14/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER # 1299 _____
2003 E RODEO DR _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)634-0444 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130038 Renew? _____Yes_____No
Status: Active Status Date: 10/3/2003
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #1417 _____
3050 HIGHWAY 69 _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)445-1113 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130025 Renew? _____Yes_____No
Status: Active Status Date: 12/3/2004
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: CLARE HOLLIE ABEL _____
Location: WAL-MART SUPERCENTER #5303 _____
1280 GAIL GARDNER WAY _____
PRESCOTT, AZ 86305 _____
Business Phone: (928)541-0071 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

```
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

--------------------------------------------------------------------------------
License#  09130424         Renew? ______Yes_____No
Status:   Active           Status Date:     11/22/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: WAL-MART SUPERCENTER #3730    ___________________
          3450 N GLASSFORD HILL RD      ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150404

JUDITH CAROL MAY
SPIRIT WOMEN INC
IRON SPRINGS CAFE
1501 IRON SPRINGS RD
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133198         Renew? ______Yes_____No
Status:   Active           Status Date:     7/18/2002
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUDITH CAROL MAY              ___________________
Location: IRON SPRINGS CAFE             ___________________
          1501 IRON SPRINGS RD          ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)443-8848       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150405

MICHAEL CURT JACKSON
PROPERTY A LOCAL RESTAURANT INC
BEDILLONS RESTAURANT
P O BOX 10678
CASA GRANDE AZ 85130

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110077         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CURT JACKSON          ___________________
Location: BEDILLONS RESTAURANT          ___________________
          800 N PARK AVE                ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-2045       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06110041         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CURT JACKSON          ___________________
Location: PROPERTY                      ___________________
          1251 GILA BEND HWY            ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-1101       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150406

ANTONIO JAMIL BARASH
A & R BARASH LLC
BOTTLE STOP DRIVE IN
474 S ARIZONA BLVD
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110002         Renew? ______Yes_____No
Status:   Active           Status Date:     3/13/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTONIO JAMIL BARASH          ___________________
Location: BOTTLE STOP DRIVE IN          ___________________
          474 S ARIZONA BLVD            ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-1580       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150407

JIMMY JOE LILEY
AMERICAN LEGION #40
AMERICAN LEGION #40
P O BOX 342
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130018         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JIMMY JOE LILEY               ___________________
Location: AMERICAN LEGION #40           ___________________
          650 ROAD 3 SE                 ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)636-2020       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150408

MARIA ALDACO
ALDACO LLC
CASA GRANDE
443 W BUTTERFIELD RD
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133228         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARIA  ALDACO                 ___________________
Location: CASA GRANDE                   ___________________
          443 BUTTERFIELD RD            ___________________
          CHINO VALLEY, AZ 86323        ___________________
Business Phone:     (928)636-7275       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150409

CHIRAG BALDEVBHAI PATEL
VIVAN LLC
MAIN MARKET
2130 W APACHE TRAIL
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113207         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHIRAG BALDEVBHAI PATEL       ___________________
Location: MAIN MARKET                   ___________________
          2130 W APACHE TRAIL           ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)983-5368       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150410

MORRIS DUANE MENNENGA
COOLIDGE FUEL LLC
DISCOVERY MARKET
56 N. AGUA FRIA LN
CASA GRANDE AZ 85194

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113264         Renew? ______Yes_____No
Status:   Active           Status Date:     5/15/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MORRIS DUANE MENNENGA         ___________________
Location: DISCOVERY MARKET              ___________________
          295 S ARIZONA BLVD            ___________________
          COOLIDGE, AZ 85128            ___________________
Business Phone:     (520)723-9388       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150411

HAROLD LEE BAKER
AMERICAN LEGION #93
AMERICAN LEGION #93
P O BOX 1570
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14130005         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HAROLD LEE BAKER              ___________________
Location: AMERICAN LEGION #93           ___________________
          286 S 3RD ST                  ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-6154       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150412

JAMAL ESSA ABDALLAH
PRESCOTT FIVE LLC
PRESCOTT FIVE
5050 S ARIZONA AVE
CHANDLER AZ 85248

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133262         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMAL ESSA ABDALLAH           ___________________
Location: PRESCOTT FIVE                 ___________________
          286 WALKER ROAD               ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-0897       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150413

LEROY ONG HING
SAVE MONEY INC
SAVE MONEY MARKET
P O BOX A
SUPERIOR AZ 85273

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110033         Renew? ______Yes_____No
Status:   Active           Status Date:     7/8/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEROY ONG HING                _________________
Location: SAVE MONEY MARKET             _________________
          420 MAIN ST                   _________________
          SUPERIOR, AZ 85173            _________________
Business Phone:     (520)689-2265       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150414

RUTH ANN LUDWIG
WEST HAY INC
OLD CORRAL BAR
PO BOX 1178
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130058         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUTH ANN LUDWIG               ___________________
Location: OLD CORRAL BAR                ___________________
          CENTRAL DR & CORNVILLE RD     ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)649-9495       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150415

ROSALINDA H O'HARE
PENASCOS MEXICAN RESTAURANT INC
PENASCOS MEXICAN RESTAURANT
22737 N SUNSET DR
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113121         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROSALINDA H O'HARE            ___________________
Location: PENASCOS MEXICAN RESTAURANT   ___________________
          20024 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)568-7362       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150416

ROBERT DOUGLAS CONLIN
EK2 LLC
BOBBY D'S BAR B Q PIT AT THE ENGLISH KITCHEN
PO BOX 1343
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133486         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT DOUGLAS CONLIN         _________________
Location: BOBBY D'S BAR B Q PIT AT THE ENGLISH KITCHEN_________________
          119 E JEROME AVE              _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)634-6235       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150417

JAMES STEPHEN LOLLI
MARJAMAR LLC
HUNGRY MONK
218 W GOODWIN ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133620         Renew? ______Yes_____No
Status:   Active           Status Date:     6/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES STEPHEN LOLLI           _________________
Location: HUNGRY MONK                   _________________
          220 W GOODWIN ST STE 101,201,202   __________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)237-4759       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150418

DAVID ANDREW ZOOK
LUCYS PLACE
P O BOX 635
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130065         Renew? ______Yes_____No
Status:   Active           Status Date:     6/30/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LUCYS PLACE                   _________________
          3020 N HWY 89                 _________________
          CHINO VALLEY, AZ 86323        _________________
Business Phone:     (928)636-7314       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150419

VIVIAN WING YEE WAN
OK BO BO INC
MIA'S OK MARKET
P O BOX 3675
ARIZONA CITY AZ 85123

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110034         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VIVIAN WING YEE WAN           _________________
Location: MIA'S OK MARKET               _________________
          9674 W MONACO BLVD            _________________
          ARIZONA CITY, AZ 85223        _________________
Business Phone:     (520)466-9239       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150420

JAMIE LYNN FULLMER
FIRE MOUNTAIN WINES LLC
FIRE MOUNTAIN
P O BOX 4120
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133036         Renew? ______Yes_____No
Status:   Active           Status Date:     7/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMIE LYNN FULLMER            ___________________
Location: FIRE MOUNTAIN                 ___________________
          1010 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-9135       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150421

EFREN SAENZ SANTA CRUZ
GOLDEN GOOSE CAFE LLC
GOLDEN GOOSE CAFE & BISTRO
65 AMBERLY DR
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133462         Renew? ______Yes_____No
Status:   Active           Status Date:     4/19/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EFREN SAENZ SANTA CRUZ        ___________________
Location: GOLDEN GOOSE CAFE & BISTRO    ___________________
          2545 W HWY 89A                ___________________
          SEDONA, AZ 86339              ___________________
Business Phone:     (928)282-1447       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150422

ANDREA DAHLMAN LEWKOWITZ
CLUB AT OASIS LLC
OASIS GOLF RESORT
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06113000         Renew? ______Yes_____No
Status:   Inactive         Status Date:     12/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: OASIS GOLF RESORT             _________________
          5764 E HUNT HWY               _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (480)888-8890       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  07110069         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: OASIS GOLF RESORT             _________________
          5764 E HUNT HWY               _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (480)888-8890       __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150423

JEFFREY DANIEL WOOLEY
AMERICAN LEGION #54
AMERICAN LEGION #54
P O BOX 126
COOLIDGE AZ 85128

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110010         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY DANIEL WOOLEY         _________________
Location: AMERICAN LEGION #54           _________________
          408 N MAIN ST                 _________________
          COOLIDGE, AZ 85128            _________________
Business Phone:     (520)723-3820       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150424

STEPHEN JOHN DALLAS
DALSTON LLP
APACHE CREEK GOLF CLUB
3401 S IRONWOOD DR
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110027         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEPHEN JOHN DALLAS           ___________________
Location: APACHE CREEK GOLF CLUB        ___________________
          3401 S IRONWOOD DR            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)982-2677       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150425

MICHAEL ALLEN SALAZAR
MAS & FAMILY LLC
CORKER ONE STOP
P O BOX 939
MAMMOTH AZ 85618

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113174         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL ALLEN SALAZAR         _________________
Location: CORKER ONE STOP               _________________
          732 HWY 77                    _________________
          MAMMOTH, AZ 85618             _________________
Business Phone:     (520)487-2411       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150426

JON DAVID CARMICHAEL
MOOSE LODGE #1449
MOOSE LODGE #1449
P O BOX 698
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JON DAVID CARMICHAEL          _________________
Location: MOOSE LODGE #1449             _________________
          1051 S BROADWAY               _________________
          CLARKDALE, AZ 86324           _________________
Business Phone:     (928)634-8668       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150427

JOHN EDWARD MC KEE
LIONS CLUB
LIONS CLUB
P O BOX 71
ELOY AZ 85131

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110005         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN EDWARD MC KEE            ___________________
Location: LIONS CLUB                    ___________________
          5TH ST & STUART BLVD          ___________________
          ELOY, AZ 85131                ___________________
Business Phone:     (520)466-6343       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150428

DAVID GEORGE BEE
PLACE OF AZ LLC
GYM GRILL & BAR
9657 E LAGUNA AZUL AVE
MESA AZ 85243

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110050         Renew? ______Yes_____No
Status:   Active           Status Date:     3/16/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID GEORGE BEE              _________________
Location: GYM GRILL & BAR               _________________
          2510 E HUNT HWY #1            _________________
          QUEEN CREEK, AZ 85243         _________________
Business Phone:     (480)677-2146       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150429

EMILE ELIAS DAHER
DAHER INC
COFFEE POT RESTAURANT
P O BOX 4155
W. SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EMILE ELIAS DAHER             ___________________
Location: COFFEE POT RESTAURANT         ___________________
          2050 W HWY 89A                ___________________
          WEST SEDONA, AZ 86340         ___________________
Business Phone:     (928)282-6626       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150430

PATRICIA ROSE PFEIFFER
KOKOPELLI MOON SALOON
P O BOX 1360
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110069         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: KOKOPELLI MOON SALOON         _________________
          255 N MAIN ST                 _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)868-0858       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150431

SUKHDEV SINGH
RAVEN & SIENNA ENTERPRISES LLC
DAVE'S FAST STOP
3933 N ROBERT RD
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133231         Renew? ______Yes_____No
Status:   Active           Status Date:     6/24/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SUKHDEV  SINGH                _________________
Location: DAVE'S FAST STOP              _________________
          3933 N ROBERT RD              _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)772-1600       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150432

FREDERICK ROBERT KRAUS
BIG OAK ENTERPRISES LLC
OAK CREEK BREWERY AND GRILL AT TLAQUEPAQUE
2050 YAVAPAI DRIVE UNIT #2C
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133152         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FREDERICK ROBERT KRAUS        ___________________
Location: OAK CREEK BREWERY AND GRILL AT TLAQUEPAQUE_________________
          336 HIGHWAY 179               ___________________
          SEDONA, AZ 86339              ___________________
Business Phone:     (928)282-3300       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150433

BRADLEY E CHRISTENSEN
PRESCOTT HOTEL GROUP LLC
RESIDENCE INN BY MARIOTT
3599 LEE CIRCLE
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130045         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRADLEY E CHRISTENSEN         ___________________
Location: RESIDENCE INN BY MARIOTT      ___________________
          3599 LEE CIRCLE               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)775-2232       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150434

PETE GEORGE KOULOURIS
444 NORTH PINAL PARKWAY INC
MOUNT ATHOS RESTAURANT & CAFE
P O BOX 2563
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113085         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETE GEORGE KOULOURIS         ___________________
Location: MOUNT ATHOS RESTAURANT & CAFE ___________________
          444 N PINAL PKWY              ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-0735       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150435

GARY A MILLER
PRESCOTT VALLEY RACE COURSE LLC
PRESCOTT VALLEY RACE COURSE
10401 E HIGHWAY 89A
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130043         Renew? ______Yes_____No
Status:   Active           Status Date:     8/8/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY A MILLER                 ___________________
Location: PRESCOTT VALLEY RACE COURSE   ___________________
          10401 E HWY 89A               ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (480)216-3379       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150436

MICHAEL CRAIG MENNENGA
MENNENGA MANAGEMENT LLC
DISCOVERY MARKETS
2128 E FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113215         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CRAIG MENNENGA        ___________________
Location: DISCOVERY MARKETS             ___________________
          2128 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150437

DEBORAH ELLEN GRAY
DEPOT 89 MARKETPLACE INC
DEPOT 89
P O BOX 323
PAULDEN AZ 86334

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133235         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DEBORAH ELLEN GRAY            ___________________
Location: DEPOT 89                      ___________________
          23050 N HWY 89                ___________________
          PAULDEN, AZ 86334             ___________________
Business Phone:     (928)636-1550       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150438

PAOLO MICHAEL BUCCELLATO
PB & PB LLC
A & M PIZZA
445 W HWY 287
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113210         Renew? ______Yes_____No
Status:   Active           Status Date:     3/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAOLO MICHAEL BUCCELLATO      ___________________
Location: A & M PIZZA                   ___________________
          445 W HWY 287                 ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-0170       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150439

AUDRA LEA YAMAMOTO
GRANITE MOUNTAIN BREWING LLC
GRANITE MOUNTAIN BREWING
P O BOX 1109
PRESCOTT AZ 86302

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130054         Renew? ______Yes_____No
Status:   Active           Status Date:     10/25/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    AUDRA LEA YAMAMOTO            ___________________
Location: GRANITE MOUNTAIN BREWING      ___________________
          123 N CORTEZ ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-5535       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150440

HERB M CARABEO
CARABEO HERB ET AL
KIRKLAND BAR
P O BOX 26
KIRKLAND AZ 86332

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130026         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HERB M CARABEO                _________________
Location: KIRKLAND BAR                  _________________
          MAIN ST                       _________________
          KIRKLAND, AZ 86332            _________________
Business Phone:     (520)442-3408       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150441

PAUL MATTHEW FUCHS
SADDLEBROOKE HOMEOWNERS' ASSOCIATION #1 INC
SADDLEBROOKE HOA #1 INC
64500 E SADDLEBROOKE BLVD
TUCSON AZ 85739

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113052         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PAUL MATTHEW FUCHS            ___________________
Location: SADDLEBROOKE HOA #1 INC       ___________________
          64500 E SADDLEBROOKE BLVD     ___________________
          TUCSON, AZ 85739              ___________________
Business Phone:     (520)825-3048       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150442

KENNETH LEE CONWAY
BPOE #1957
BPOE #1957
909 E FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110025         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH LEE CONWAY            ___________________
Location: BPOE #1957                    ___________________
          909 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-7083       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150443

RANDY D NATIONS
SKYLINE RANCH NNY LLC
NATIVE GRILL & WINGS
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113217         Renew? ______Yes_____No
Status:   Active           Status Date:     6/11/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: NATIVE GRILL & WINGS          ___________________
          1750 W HUNT HWY PAD C         ___________________
          QUEEN CREEK, AZ 85243         ___________________
Business Phone:     (480)888-2233       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150444

JOHN S MC REYNOLDS
MCLUND LLC
BABE'S ROUND-UP
PO BOX 375
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130046         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN S MC REYNOLDS            ___________________
Location: BABE'S ROUND-UP               ___________________
          MONTEZUMA CASTLE RD           ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-6969       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150445

ROBERT JOHN GREUFE
LOVE'S TRAVEL STOPS & COUNTRY STORES INC
LOVE'S TRAVEL STOP #265
P O BOX 26210
ATTN STORE LICENSING
OKLAHOMA CITY OK 73126-0210

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113060         Renew? ______Yes_____No
Status:   Active           Status Date:     4/18/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT JOHN GREUFE            ___________________
Location: LOVE'S TRAVEL STOP #265       ___________________
          5000 N SUNLAND GIN RD         ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)423-2015       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150446

LAWRENCE EDWARD ELLIGET
JENMAR LLC
DRUNKEN LASS IRISH PUB
218 W OURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130024         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EDWARD ELLIGET       _________________
Location: DRUNKEN LASS IRISH PUB        _________________
          218 W GURLEY ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)533-2836       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150447

CORY D FARLEY
LONE SPUR CAFE LLC
LONE SPUR CAFE
141 S MCCORMICK STE 212
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133577         Renew? ______Yes_____No
Status:   Active           Status Date:     3/26/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CORY D FARLEY                 __________________
Location: LONE SPUR CAFE                __________________
          106 W GURLEY ST               __________________
          PRESCOTT, AZ 86301            __________________
Business Phone:     (928)445-8202       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150448

HAROLD JOHN CHRIST
WINDMILL WINERY AT FLORENCE FARMS LLC
WINDMILL WINERY
PO BOX 2276
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110067         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HAROLD JOHN CHRIST            ___________________
Location: WINDMILL WINERY               ___________________
          1140 W BUTTE AVE              ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-5200       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  13113001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EDWARD ELLIGET       ___________________
Location: WINDMILL WINERY               ___________________
          1140 W BUTTE AVE              ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)868-5200       __________

Renewal Fees:
     License Renewal:                   100.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150449

GARY RAY DENNY
DOUBLE G LLC
EL CHARRO RESTAURANT
120 N MONTEZUMA
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133139         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GARY RAY DENNY                _________________
Location: EL CHARRO RESTAURANT          _________________
          120 N MONTEZUMA               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (520)445-7130       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150450

WALTER BRENT KYTE
KYTE ENTERPRISES LLC
PIZZA HUT WING STREET
5902 E PIMA
TUCSON AZ 85712

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113119         Renew? ______Yes_____No
Status:   Active           Status Date:     6/29/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALTER BRENT KYTE             ___________________
Location: PIZZA HUT WING STREET         ___________________
          21101 N JOHN WAYNE PARKWAY    ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)886-5271       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12113111         Renew? ______Yes_____No
Status:   Active           Status Date:     4/3/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALTER BRENT KYTE             ___________________
Location: PIZZA HUT WING STREET         ___________________
          561 E BELLA VISTA ROAD SUITE 100   ___________________
          QUEEN CREEK, AZ 85242         ___________________
Business Phone:     (520)886-5271       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150451

BRANDY LEE VARACALLI
GUIDO'S RESTAURANT LLC
GUIDO'S PIZZA
6226 E STATE ROUTE 69
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133528         Renew? ______Yes_____No
Status:   Active           Status Date:     10/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRANDY LEE VARACALLI          ___________________
Location: GUIDO'S PIZZA                 ___________________
          6226 E STATE ROUTE 69         ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)237-5805       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150452

VIRGINIA MARIE GRAHAM
CMCG LLC
CACTUS MOON COUNTRY SPORTS GRILL
5735 E ORANGE BLOSSOM LN
PHOENIX AZ 85018

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113222         Renew? ______Yes_____No
Status:   Active           Status Date:     10/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VIRGINIA MARIE GRAHAM         ___________________
Location: CACTUS MOON COUNTRY SPORTS GRILL___________________
          1269 N PROMENADE PKWY STE 121   ___________________
          CASA GRANDE, AZ 85194         ___________________
Business Phone:     (520)836-5688       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150453

PATRICK MICHAEL SHIELDS
HEART CREATIONS LLC
THE FIELD
1370 W STATE ROUTE 89 #14
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133549         Renew? ______Yes_____No
Status:   Active           Status Date:     11/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICK MICHAEL SHIELDS       ___________________
Location: THE FIELD                     ___________________
          1370 W STATE ROUTE 89 #14     ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-5777       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150454

TERESA LYNE PERAZA
SAN PEDRO VALLEY PIZZA CO
326 ALTA VISTA
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12113011         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: SAN PEDRO VALLEY PIZZA CO     ___________________
          326 ALTA VISTA                ___________________
          SAN MANUEL, AZ 85631          ___________________
Business Phone:     (520)385-2041       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150455

MANUEL Y CHAIDEZ
LA MINA
71 MAIN ST
SUPERIOR AZ 85273

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110016         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA MINA                       _________________
          71 MAIN ST                    _________________
          SUPERIOR, AZ 85273            _________________
Business Phone:     (520)689-2687       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150456

MICHAEL JAMES ANDERSON
BOOTLEGGERS SALOON & BROTHAL
1028 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130029         Renew? ______Yes_____No
Status:   Pending          Status Date:     6/25/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BOOTLEGGERS SALOON & BROTHAL  _________________
          1028 N MAIN ST STE B          _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)852-0088       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150457

MICHAEL CRAIG MENNENGA
M & G CASA GRANDE LLC
ARCO AM/PM
2128 E FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113230         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CRAIG MENNENGA        ___________________
Location: ARCO AM/PM                    ___________________
          2245 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)421-2263       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150458

HERLINDA REYES
SKYLINE MARKET
676 E HARRISON ST
CHANDLER AZ 85225

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113103         Renew? ______Yes_____No
Status:   Active           Status Date:     4/11/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SKYLINE MARKET                _________________
          5650 E SKYLINE DR             _________________
          QUEEN CREEK, AZ 85242         _________________
Business Phone:     (480)987-4838       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150459

ARLENE LINDA DOMANICO
PASSION CELLARS LLC
PASSION CELLARS
7040 W LARIAT
PEORIA AZ 85383

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133033         Renew? ______Yes_____No
Status:   Active           Status Date:     8/16/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARLENE LINDA DOMANICO         ___________________
Location: PASSION CELLARS               ___________________
          417 HULL AVENUE               ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (602)750-7771       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00

-------------------------------------------------------------------------------
License#  13133037         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ARLENE LINDA DOMANICO         ___________________
Location: ECHO CANYON WINERY            ___________________
          419 HULL AVE                  ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (602)750-7771       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150460

MICHAEL CRONN CHRISTIE
STORM CENTRAL LLC
MILL AT CROWN KING
PO BOX 425
CROWN KING AZ 86343

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130078         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL CRONN CHRISTIE        ___________________
Location: MILL AT CROWN KING            ___________________
          23 CROWN KING RD              ___________________
          CROWN KING, AZ 86343          ___________________
Business Phone:     (928)632-7133       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150461

CLARE HOLLIE ABEL
SAM'S WEST INC
SAM'S CLUB #4856
702 SW 8TH ST
BENTONVILLE AR 72716-0500

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110058         Renew? ______Yes_____No
Status:   Active           Status Date:     4/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: SAM'S CLUB #4856              ___________________
          2425 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85194         ___________________
Business Phone:     (480)893-1555       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09130017         Renew? ______Yes_____No
Status:   Active           Status Date:     8/29/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARE HOLLIE ABEL             ___________________
Location: SAM'S CLUB #4977              ___________________
          5757 E STATE ROUTE 69         ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)778-5042       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150462

MICHAEL J STALLONE
MSLF ENTERPRISES LLC
TAILGATERS SPORTS GRILL & IL PRIMO PIZZA & WINGS
7160 E PAV WAY
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133459         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL J STALLONE            _________________
Location: TAILGATERS SPORTS GRILL & IL PRIMO PIZZA & WINGS_________________
          7160 E PAV WAY                _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)775-0000       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150463

JUSTIN LAWRENCE OVE
ARIZONA STRONGHOLD VINEYARDS LLC
ARIZONA STRONGHOLD VINEYARDS
4700 OLD HWY 279
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 13133019 Renew? _____Yes_____No
Status: Active Status Date: 9/8/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JUSTIN LAWRENCE OVE _____
Location: ARIZONA STRONGHOLD VINEYARDS _____
4700 OLD STATE HWY 279 #A _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)639-2789 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 13133020 Renew? _____Yes_____No
Status: Active Status Date: 3/4/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JUSTIN LAWRENCE OVE _____
Location: ARIZONA STRONGHOLD VINEYARDS _____
1021 & 1023 N MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (928)639-2789 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

License# 13133015 Renew? _____Yes_____No
Status: Active Status Date: 7/21/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JUSTIN LAWRENCE OVE _____
Location: ARIZONA STRONGHOLD VINEYARDS _____
4700 OLD STATE HWY 279 STE B _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)639-2789 _____

Renewal Fees:

License Renewal:	100.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	170.00

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150464

BARRY LEE BARBE
MARINA VENTURES LLC
EL GATO AZUL
316 W GOODWIN
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133290         Renew? ______Yes_____No
Status:   Active           Status Date:     9/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARRY LEE BARBE               ___________________
Location: EL GATO AZUL                  ___________________
          316 W GOODWIN                 ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-1070       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150465

KIRK KOKOSKA
CLUB AT ENCANTERRA LLC
CLUB AT ENCANTERRA
8800 N GAINEY CENTER DR # 350
SCOTTSDALE AZ 85258

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110044         Renew? ______Yes_____No
Status:   Active           Status Date:     2/21/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIRK  KOKOSKA                 ___________________
Location: CLUB AT ENCANTERRA            ___________________
          36460 N ENCANTERRA DR         ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:                         ___________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150466

CAROL JEAN SATRAN
ROBBIE'S LLC
ROBBIE'S
P O BOX 233
RIMROCK AZ 86335

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133578         Renew? ______Yes_____No
Status:   Active           Status Date:     11/21/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CAROL JEAN SATRAN             ___________________
Location: ROBBIE'S                      ___________________
          3460 BEAVER CREEK RD          ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (928)592-9171       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150467

ALEJANDRO GARCIA
GARCIA AND SANCHEZ PARTNERSHIP
CASA SANCHEZ RESTAURANT
1459 W GURLEY
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133347         Renew? ______Yes_____No
Status:   Active           Status Date:     1/5/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALEJANDRO  GARCIA             ___________________
Location: CASA SANCHEZ RESTAURANT       ___________________
          1459 W GURLEY ST              ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)771-9505       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150468

BRIAN BENNETT COLE
LONESOME VALLEY BREWING PARTNERSHIP
LONESOME VALLEY BREWING
3040 N WINDSONG DR SUITE 101
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133575         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRIAN BENNETT COLE            ___________________
Location: LONESOME VALLEY BREWING       ___________________
          3040 WINDSONG DR STE 101      ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)515-3541       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150469

JANET FRANCES PALMER
NICHOLS WEST LLC
NICHOLS WEST
P O BOX 279
CONGRESS AZ 85332

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133439         Renew? ______Yes_____No
Status:   Active           Status Date:     7/10/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JANET FRANCES PALMER          ___________________
Location: NICHOLS WEST                  ___________________
          22525 W ST RTE 71             ___________________
          CONGRESS, AZ 85332            ___________________
Business Phone:     (928)427-0235       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150470

ADAM JOSEPH GARBINSKI
SALSA RESTAURANT LLC
GARCIA'S MEXICAN RESTAURANT
615 W 11TH ST
TEMPE AZ 85281

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133261         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ADAM JOSEPH GARBINSKI         ___________________
Location: GARCIA'S MEXICAN RESTAURANT   ___________________
          2992 PARK AVE STE B           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-9499       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150471

EDWARD H JOHNSON, JR.
JOHNSON EDWARD ET AL
RT 66 CHEVRON
P O BOX 68
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133063         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD H JOHNSON, JR.         ___________________
Location: RT 66 CHEVRON                 ___________________
          527 OLD RTE 66                ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (520)422-3662       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150472

EDWIN THOMAS CONWAY
SEDONA ROUGE LLC
REDS
2250 W HWY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133017         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWIN THOMAS CONWAY           ___________________
Location: REDS                          ___________________
          2250 W HWY 89 A               ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)203-4111       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150473

ANDREA DAHLMAN LEWKOWITZ
CST ARIZONA LLC
CORNER STORE #1678
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113265         Renew? ______Yes_____No
Status:   Active           Status Date:     6/26/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: CORNER STORE #1678            ___________________
          37657 N GANTZEL RD            ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)503-2343       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150474

EVA M CORNEJO
CORNEJO ENTERPRISES INC
EVA'S FINE MEXICAN FOOD
2033 N PINAL AVE STE 5
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110042         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EVA M CORNEJO                 ___________________
Location: EVA'S FINE MEXICAN FOOD       ___________________
          7087 SUNLAND GIN RD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-7944       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150475

WALTER BRENT KYTE
PIZZA HUT OF COTTONWOOD INC
PIZZA HUT WINGSTREET
5902 E PIMA
TUCSON AZ 85712

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130077         Renew? ______Yes_____No
Status:   Active           Status Date:     1/8/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WALTER BRENT KYTE             ___________________
Location: PIZZA HUT WINGSTREET          ___________________
          472 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-8212       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150476

RANDY D NATIONS
TEE JAY FUELS LLC
AJ'S MINI MART
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113166         Renew? ______Yes_____No
Status:   Active           Status Date:     4/9/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: AJ'S MINI MART                ___________________
          3940 S IRONWOOD DR            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)288-0393       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150477

THERESA JUNE MORSE
HOT PIZZAS LLC
PIZZA HUT
P O BOX 4179
KINGMAN AZ 86402

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110056         Renew? ______Yes_____No
Status:   Active           Status Date:     8/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: PIZZA HUT                     ___________________
          240 S PHELPS DR               ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)982-1155       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150478

BRANDON DIEU TAT
T & L CONVENIENCE LLC
T & L CONVENIENCE LLC
3209 N SPYGLASS CT
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113208         Renew? ______Yes_____No
Status:   Active           Status Date:     7/28/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRANDON DIEU TAT              ___________________
Location: T & L CONVENIENCE LLC         ___________________
          411 N ARIZONA BLVD            ___________________
          COOLIDGE, AZ 85128            ___________________
Business Phone:     (520)723-3377       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150479

MEHMOOD MOHIUDDIN
DASH-IN & MINI MART
2345 N APACHE TRL
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113136         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: DASH-IN & MINI MART           ___________________
          2345 N APACHE TRL             ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)983-1756       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150480

JARED MICHAEL REPINSKI
AMERICAN LEGION #78
AMERICAN LEGION #78
P O BOX 940
HUMBOLDT AZ 86329

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14131001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: AMERICAN LEGION #78           ___________________
          HWY 69                        ___________________
          HUMBOLDT, AZ 86327            ___________________
Business Phone:     (928)632-5185       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150481

LEX D KRIEGER
K & G SERVICES INC
HOTEL ST MICHAEL / CAFE ST MICHAEL
205 W GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  11131003         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEX D KRIEGER                 _________________
Location: HOTEL ST MICHAEL / CAFE ST MICHAEL_________________
          205 W GURLEY ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)776-1999       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150482

RONG HUI ZHAO
EASTLAND INTERNATIONAL LLC
LOTUS GARDEN CHINESE CUISINE
2116 E ALOE PL
CHANDLER AZ 85286

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113228         Renew? ______Yes_____No
Status:   Active           Status Date:     2/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONG HUI ZHAO                 ___________________
Location: LOTUS GARDEN CHINESE CUISINE  ___________________
          183 W APACHE TRAIL #104       ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)671-8668       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150483

RONALD HENRY MARTINSON
BPOE #330
BPOE #330
P O BOX 27199
PRESCOTT VALLEY AZ 86312

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130007         Renew? ______Yes_____No
Status:   Active           Status Date:     11/24/1993
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONALD HENRY MARTINSON        ___________________
Location: BPOE #330                     ___________________
          6245 E 2ND ST                 ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-8660       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150484

MICHAEL JAMES PIAS
AMERICAN LEGION #25
AMERICAN LEGION #25
480 S CALVARY WAY
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133003         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JAMES PIAS            ___________________
Location: AMERICAN LEGION #25           ___________________
          480 S CALVARY WAY             ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3004       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150485

TAMRA S KELLY
RANCHER'S WIFE LLC
RANCHER'S WIFE
156 S MONTEZUMA ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133261         Renew? ______Yes_____No
Status:   Active           Status Date:     2/6/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TAMRA S KELLY                 ___________________
Location: RANCHER'S WIFE                ___________________
          156 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)778-7233       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150486

EMIL K MARTAN
EDDIE'S TOWING INC
PICACHO PEAK GARAGE & C STORE
P O BOX 1250
RED ROCK AZ 85145

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113028         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EMIL K MARTAN                 ___________________
Location: PICACHO PEAK GARAGE & C STORE ___________________
          I-10 PICACHO PEAK EXIT        ___________________
          PICACHO, AZ 85241             ___________________
Business Phone:     (520)466-7425       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150487

SCOTT HOWARD BUCKLEY
MAIN STREET CAFE & PIZZERIA LLC
MAIN STREET CAFE & PIZZERIA
PO BOX 272
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133410         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT HOWARD BUCKLEY          ___________________
Location: MAIN STREET CAFE & PIZZERIA   ___________________
          920 MAIN ST                   ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)649-3070       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150488

GAYLE MARIE SCHMIDT
AZ WINGS MANAGEMENT INC
BUFFALO WILD WINGS
2487 S GILBERT RD # 106-469
GILBERT AZ 85295

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113251         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GAYLE MARIE SCHMIDT           ___________________
Location: BUFFALO WILD WINGS            ___________________
          859 N PROMENADE PKWY          ___________________
          CASA GRANDE, AZ 85194         ___________________
Business Phone:     (602)741-4825       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150489

TARIQ J HUSAYNO
DATE TREE LLC
APACHE MINI MART
2925 W SUPERSTITION BLVD
APACHE JUNCTION AZ 85220

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09114000         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TARIQ J HUSAYNO               ___________________
Location: APACHE MINI MART              ___________________
          2925 W SUPERSTITION BLVD      ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)983-5570       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150490

DONALD JOSEPH RIFFEL
DEBB LLC
MAIN STAGE
65 PINTO LN
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130001         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DONALD JOSEPH RIFFEL          ___________________
Location: MAIN STAGE                    ___________________
          1 SOUTH MAIN ST               ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)254-1632       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150491

SAAD NEMER SAAD
TWO BROTHERS VI INC
VALERO IN THE ZONE
16416 N 92ND ST B110
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113091         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAAD NEMER SAAD               ___________________
Location: VALERO IN THE ZONE            ___________________
          28 N SIGNAL BUTTE RD          ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)984-9125       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150492

LISA ANN WHITTEN
BIG QUICK'S BBQ LLC
BIG QUICK'S BBQ
11680 N BIZNAGA ST
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113240         Renew? ______Yes_____No
Status:   Active           Status Date:     2/3/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA ANN WHITTEN              ___________________
Location: BIG QUICK'S BBQ               ___________________
          727 GRESSINGER ST             ___________________
          FLORENCE, AZ 85132            ___________________
Business Phone:     (520)518-5119       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150493

RICHARD EDWIN SKLADZIEN
DEL RIO SPRINGS VINEYARD LLP
DEL RIO SPRINGS VINEYARD LLP
974 N GRANDVIEW
PAULDEN AZ 86334

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133043         Renew? ______Yes_____No
Status:   Active           Status Date:     1/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD EDWIN SKLADZIEN       ___________________
Location: DEL RIO SPRINGS VINEYARD LLP  ___________________
          974 N GRANDVIEW               ___________________
          PAULDEN, AZ 86334             ___________________
Business Phone:     (928)636-9046       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150494

COLLEEN MARIE KENDALL
WINDSOCK LLC
WINDSOCK
1836 TIMBER COVE LN
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130016         Renew? ______Yes_____No
Status:   Active           Status Date:     11/15/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    COLLEEN MARIE KENDALL         _________________
Location: WINDSOCK                      _________________
          1365 IRON SPRINGS RD STE A-6   __________________
          PRESCOTT, AZ 86305            __________________
Business Phone:     (928)776-7309       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150495

DAVID SUMNER PIZER
CREEKSIDE PRESERVE INC
CREEKSIDE LODGE RESTAURANT
11255 STATE RT 69
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  11133031         Renew? ______Yes_____No
Status:   Active           Status Date:     11/9/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID SUMNER PIZER            ___________________
Location: CREEKSIDE LODGE RESTAURANT    ___________________
          11255 STATE RT 69             ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (928)632-0777       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150496

CLYDE KEKAHILI WOODE
INTERNATIONAL WINE & CULINARY INSTITUTE LLC
ROYAL HAWAIIAN COFFEE & WINE CO
1957 COMMERCE CENTER CIRCLE STE B
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133181         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLYDE KEKAHILI WOODE          _________________
Location: ROYAL HAWAIIAN COFFEE & WINE CO_________________
          1957 COMMERCE CENTER CIRCLE #A & B   __________________
          PRESCOTT, AZ 86301            __________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150497

LORI JEAN MABERY
MABERY RANCH COMPANY LLC
BLAZIN M RANCH
P O BOX 160
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133232         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORI JEAN MABERY              ___________________
Location: BLAZIN M RANCH                ___________________
          1875 MABERY RANCH RD #2       ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-0334       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  12133490         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LORI JEAN MABERY              ___________________
Location: BLAZIN' M RANCH               ___________________
          1875 MABERY RANCH RD STE #1   ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-0334       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150498

ERICA LYNN DOLGOS
NJAJ CONSULTING INC
AVANO BISTRO
165 CONCHO CIR
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133584         Renew? ______Yes_____No
Status:   Active           Status Date:     6/26/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERICA LYNN DOLGOS             ___________________
Location: AVANO BISTRO                  ___________________
          2675 SR 89A STE B             ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-0519       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150499

JOEL AARON SWIRSKY
LGJ FAMILY RESTAURANTS LLC
DENNY'S RESTAURANT
7925 E HWY 69
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131083         Renew? ______Yes_____No
Status:   Active           Status Date:     3/21/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOEL AARON SWIRSKY            ___________________
Location: DENNY'S RESTAURANT            ___________________
          7925 E HWY 69                 ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (520)7723738        ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150500

CHARLES RAYMOND HENDERSON
AMERICAN LEGION #6
AMERICAN LEGION #6
P O BOX 1949
PRESCOTT AZ 86302

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130015         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES RAYMOND HENDERSON     ___________________
Location: AMERICAN LEGION #6            ___________________
          202 S PLEASANT                ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)778-6628       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150501

MICHAEL DAVID DOWLING
JET WARMER LLC
BARBUDOS MEXICAN GRILL & CANTINA
1042 WILLOW CREEK RD #107
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133572         Renew? ______Yes_____No
Status:   Active           Status Date:     1/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL DAVID DOWLING         ___________________
Location: BARBUDOS MEXICAN GRILL & CANTINA___________________
          1042 WILLOW CREEK RD #107     ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)443-0102       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150502

GIL EDWARD NEWTON
TAYLOR KEEHNER POST 79 DEPT OF ARIZONA
AMERICAN LEGION #79
P O BOX 341
YARNELL AZ 85362

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130014         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GIL EDWARD NEWTON             _________________
Location: AMERICAN LEGION #79           _________________
          22911 LOOKA WAY               _________________
          YARNELL, AZ 85362             _________________
Business Phone:     (928)427-3735       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150503

JOHN JOSEPH SHEAFFER
KPM BRAND LLC
BLACK CANYON CITY KOA
19600 E ST JOSEPH RD
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130011         Renew? ______Yes_____No
Status:   Active           Status Date:     1/6/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN JOSEPH SHEAFFER          ___________________
Location: BLACK CANYON CITY KOA         ___________________
          19600 E ST JOSEPH RD          ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-5318       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150504

LAWRENCE EDWARD ELLIGET
DEMARCO'S PIZZERIA & ITALIAN RESTAURANT LLC
DEMARCO'S PIZZERIA
1885 W AMERICAN AVE
ORACLE AZ 85623

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113246         Renew? ______Yes_____No
Status:   Active           Status Date:     11/26/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAWRENCE EDWARD ELLIGET       ___________________
Location: DEMARCO'S PIZZERIA            ___________________
          1885 W AMERICAN AVE           ___________________
          ORACLE, AZ 85623              ___________________
Business Phone:     (520)896-9627       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150505

KIM KENNETH KWIATKOWSKI
CIRCLE K STORES INC
CIRCLE K #6639
LICENSING DC-36
P O BOX 52085
PHOENIX AZ 85072

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110013 Renew? _____Yes_____No
Status: Active Status Date: 2/15/2005
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K #6639 _____
21212 N JOHN WAYNE PARKWAY _____
MARICOPA, AZ 85239 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110018 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2931 _____
1503 E FLORENCE BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09116003 Renew? _____Yes_____No
Status: Active Status Date: 2/19/2010
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #0867 _____
1587 N TREKELL RD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)836-7214 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110026 Renew? _____Yes_____No
Status: Active Status Date: 9/15/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE # 3440 _____
40900 N IRONWOOD RD _____
SAN TAN VALLEY, AZ 85140 _____
Business Phone: _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110017 Renew? _____Yes_____No
Status: Active Status Date: 11/30/2001
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #5918 _____
320 HUNT HWY _____
QUEEN CREEK, AZ 85242 _____
Business Phone: (480)987-0053 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110012 Renew? _____Yes_____No
Status: Active Status Date: 11/28/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3390 _____
18141 N JOHN WAYNE PKWY _____
MARICOPA, AZ 85139 _____
Business Phone: (520)568-1416 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09116001 Renew? _____Yes_____No
Status: Active Status Date: 11/17/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #853 _____
HWY 77 & FRONTAGE _____
MAMMOTH, AZ 85618 _____
Business Phone: (520)487-2621 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09117000 Renew? _____Yes_____No
Status: Active Status Date: 3/3/2011
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2930 _____
2194 N TREKELL RD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)836-1486 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09117001 Renew? _____Yes_____No
Status: Pending Status Date: 1/20/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2910 _____
822 E JIMMIE KERR BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)421-2086 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09117002 Renew? _____Yes_____No
Status: Active Status Date: 2/23/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2933 _____
1250 N ARIZONA BLVD _____
COOLIDGE, AZ 85228 _____
Business Phone: (520)723-7378 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09113001 Renew? _____Yes_____No
Status: Active Status Date: 7/24/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #8746 _____
85 W SUPERSTITION BLVD _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (480)982-1005 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09113002 Renew? _____Yes_____No
Status: Active Status Date: 7/26/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1989 _____
3135 W SUPERSTITION BLVD _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110014 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #527 _____
831 WESTERN AVE _____
SUPERIOR, AZ 85273 _____
Business Phone: (520)437-7576 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110019 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2947 _____
3125 N TOLTEC RD _____
ELOY, AZ 85231 _____
Business Phone: (520)437-7576 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110076 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2934 _____
HWY 84 _____
STANFIELD, AZ 85272 _____
Business Phone: (520)437-7576 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110011 Renew? _____Yes_____No
Status: Active Status Date: 1/20/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE # 3470 _____
2382 N PINAL AVE _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)876-0235 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09114002 Renew? _____Yes_____No
Status: Active Status Date: 10/30/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2943 _____
495 S ARIZONA BLVD _____
COOLIDGE, AZ 85228 _____
Business Phone: (520)723-7233 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110015 Renew? _____Yes_____No
Status: Active Status Date: 4/18/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2928 _____
2000 AMERICAN AVE _____
ORACLE, AZ 85623 _____
Business Phone: (520)896-9822 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09110016 Renew? _____Yes_____No
Status: Active Status Date: 10/14/1993
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #661 _____
105 S MAIN ST _____
FLORENCE, AZ 85232 _____
Business Phone: (520)437-7562 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09115000 Renew? _____Yes_____No
Status: Active Status Date: 7/25/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3442 _____
1550 W APACHE TRL _____
APACHE JUNCTION, AZ 85120 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130010 Renew? _____Yes_____No
Status: Active Status Date: 4/25/2001

License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1389 _____
6051 HWY 179 _____
SEDONA, AZ 86336 _____
Business Phone: (520)284-1630 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130027 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1535 _____
2570 W HWY 89A _____
SEDONA, AZ 86336 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09134000 Renew? _____Yes_____No
Status: Active Status Date: 12/8/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1995 _____
3101 WILLOW CREEK RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)776-1271 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09134003 Renew? _____Yes_____No
Status: Active Status Date: 12/24/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #7929 _____
6000 WILLOW CREEK RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)778-7329 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09133002 Renew? _____Yes_____No
Status: Active Status Date: 8/8/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____

Location: CIRCLE K STORE #5326 _____
1910 N HWY 89 _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (928)636-9827 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09134002 Renew? _____Yes_____No
Status: Active Status Date: 10/26/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #781 _____
10068 S HWY 69 _____
MAYER, AZ 86333 _____
Business Phone: (928)632-7347 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 09130009 Renew? _____Yes_____No
Status: Active Status Date: 10/13/1993
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #607 _____
10 S MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (520)437-7562 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113138 Renew? _____Yes_____No
Status: Active Status Date: 4/18/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #0660 _____
335 W AMERICAN AVE PO BOX 314 _____
ORACLE, AZ 85623 _____
Business Phone: (520)896-9330 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113246 Renew? _____Yes_____No
Status: Inactive Status Date: 2/18/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3473 _____
1541 N ARIZONA BLVD _____

COOLIDGE, AZ 85128 _____
Business Phone: _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10110011 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1556 _____
2360 W BROADWAY AVE _____
APACHE JUNCTION, AZ 85220 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113222 Renew? _____Yes_____No
Status: Active Status Date: 4/10/2012
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3444 _____
2933 S TOMAHAWK RD _____
APACHE JUNCTION, AZ 85219 _____
Business Phone: (480)982-3582 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113254 Renew? _____Yes_____No
Status: Active Status Date: 12/18/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2927 _____
19864 N MARICOPA RD _____
MARICOPA, AZ 85239 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10110022 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2935 _____
612 W FRONTIER ST _____
ELOY, AZ 85231 _____
Business Phone: (520)437-7576 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10111041 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #233 _____
817 N MAIN _____
ELOY, AZ 85231 _____
Business Phone: (520)437-7576 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10110023 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2938 _____
20 S MAIN ST _____
FLORENCE, AZ 85232 _____
Business Phone: (520)437-7576 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10113249 Renew? _____Yes_____No
Status: Inactive Status Date: 4/14/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE#3388 _____
4295 W HUNT HWY _____
SAN TAN VALLEY, AZ 85142 _____
Business Phone: PENDING _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10113245 Renew? _____Yes_____No
Status: Inactive Status Date: 3/17/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #3472 _____
1113 W US HWY 60 _____
SUPERIOR, AZ 85173 _____
Business Phone: _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10113247 Renew? _____Yes_____No
Status: Inactive Status Date: 3/17/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #2910 _____
822 E JIMMIE KERR BLVD _____
CASA GRANDE, AZ 85222 _____
Business Phone: (520)421-2086 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133207 Renew? _____Yes_____No
Status: Active Status Date: 12/8/2009
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1576 _____
1245 E GURLEY ST _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)778-2012 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10130021 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #759 _____
8200 HWY 69 _____
PRESCOTT VALLEY, AZ 86312 _____
Business Phone: (520)437-7576 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10130016 Renew? _____Yes_____No
Status: Active Status Date: 2/8/1995
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: KIM KENNETH KWIATKOWSKI _____
Location: CIRCLE K STORE #1840 _____
6150 HWY 69 _____
PRESCOTT VALLEY, AZ 86312 _____
Business Phone: (520)772-8642 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

```
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

--------------------------------------------------------------------------------
License#  10130012         Renew? ______Yes_____No
Status:   Active           Status Date:     2/8/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KIM KENNETH KWIATKOWSKI       ___________________
Location: CIRCLE K STORE #1010          ___________________
          MONTEZUMA CASTLE RD & FRONTAGE   ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (520)437-7576       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150506

JUAN A QUEZADA BENITES
CILANTRO'S LLC
CILANTRO'S MEXICAN COCINA
20928 N JOHN WAYNE PKWY #C-8
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113233         Renew? ______Yes_____No
Status:   Active           Status Date:     8/15/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUAN A QUEZADA BENITES        _________________
Location: CILANTRO'S MEXICAN COCINA     _________________
          20928 N JOHN WAYNE PKWY #C-8   __________________
          MARICOPA, AZ 85139            __________________
Business Phone:     (520)568-3144       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150507

KRYSTAL KAY BURGE
FORK IN THE ROAD INC
GURLEY STREET GRILL
P O BOX 3459
KINGMAN AZ 86402

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133065         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KRYSTAL KAY BURGE             ___________________
Location: GURLEY STREET GRILL           ___________________
          230 W GURLEY ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)445-3388       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133064         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KRYSTAL KAY BURGE             ___________________
Location: MURPHY'S                      ___________________
          201 N CORTEZ                  ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-4044       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150508

MIKE L MORTENSEN
BMR INC
MESA APACHE JUNCTION KOA
1540 S TOMAHAWK RD
APACHE JUNCTION AZ 85119

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113016         Renew? ______Yes_____No
Status:   Active           Status Date:     7/29/1996
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MIKE L MORTENSEN              ___________________
Location: MESA APACHE JUNCTION KOA      ___________________
          1540 S TOMAHAWK RD            ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)982-4015       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150509

PEDRO RODRIGUEZ-ACERO
CYNTHANNA INC
CONCHO'S MEXICAN FOOD
1657 S VERDE DR
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133241         Renew? ______Yes_____No
Status:   Active           Status Date:     10/21/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PEDRO  RODRIGUEZ-ACERO        ___________________
Location: CONCHO'S MEXICAN FOOD         ___________________
          206 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-9680       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150510

ERIC HONG
B A HONG INC
ORIGINAL CHEVRON
1515 N 75TH AVE
PHOENIX AZ 85043

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113112         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC  HONG                    _________________
Location: ORIGINAL CHEVRON              _________________
          2012 N TREKELL                _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150511

ERNEST Q OLIVAS
OLIVAS ERNEST ET AL
OLIVAS' MEXICAN FOODS'
8370 E HWY 69
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131017         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERNEST Q OLIVAS               ___________________
Location: OLIVAS' MEXICAN FOODS'        ___________________
          3041 N COCHISE                ___________________
          PRESCOTT VALLEY, AZ 86312     ___________________
Business Phone:     (928)772-6070       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150512

RICHARD ARTHUR IANTAFFI
SHORTY'S TAVERN LLC
SHORTY'S
145 W CENTRAL AVE
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110061         Renew? ______Yes_____No
Status:   Active           Status Date:     7/5/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD ARTHUR IANTAFFI       _________________
Location: SHORTY'S                      _________________
          145 W CENTRAL AVE             _________________
          COOLIDGE, AZ 85228            _________________
Business Phone:     (480)390-9984       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150513

RANDY D NATIONS
CGP PRESCOTT LAKES BEVCO LLC
CLUB AT PRESCOTT LAKES
5400 LBJ FREEWAY, SUITE 1325
DALLAS TX 75240

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130092         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: CLUB AT PRESCOTT LAKES        ___________________
          315 E SMOKE TREE LN           ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)443-3500       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150514

RANDALL JOHN BONNEVILLE
RANDALL'S LLC
RANDALL'S
1030 N PRESCOTT COUNTRY CLUB BLVD
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133617         Renew? ______Yes_____No
Status:   Active           Status Date:     6/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL JOHN BONNEVILLE       _________________
Location: RANDALL'S                     _________________
          1030 N PRESCOTT COUNTRY CLUB BLVD   __________________
          DEWEY, AZ 86327               __________________
Business Phone:     (928)772-8812       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150515

JESSICA LEE HALL
HALL INC
PRESCOTT GOLF & COUNTRY CLUB
1030 N PRESCOTT COUNTRY CLUB BLVD
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06130032         Renew? ______Yes_____No
Status:   Active           Status Date:     8/19/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESSICA LEE HALL              ___________________
Location: PRESCOTT GOLF & COUNTRY CLUB  ___________________
          1030 N PRESCOTT COUNTRY CLUB BLVD   ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)775-5787       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150516

LUIS MIGUEL BARAJAS
BARAJAS MARKET LLC
BARAJAS MARKET
2536 N DERBY CT
MARICOPA AZ 85139

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113218         Renew? ______Yes_____No
Status:   Active           Status Date:     1/13/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LUIS MIGUEL BARAJAS           ___________________
Location: BARAJAS MARKET                ___________________
          36750 W HWY 84                ___________________
          STANFIELD, AZ 85172           ___________________
Business Phone:     (520)424-0087       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150517

MICHAEL JAMES CAHILL
BARKING FROG LLC
BARKING FROG
260 VAN DEREN RD
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133380         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL JAMES CAHILL          ___________________
Location: BARKING FROG                  ___________________
          2620 W HWY 89-A               ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)204-5803       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150518

RANDALL WILLIAM HALE
MANZANITA RESTAURANT LLC
MANZANITA RESTAURANT
PO BOX 1193
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133358         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDALL WILLIAM HALE          ___________________
Location: MANZANITA RESTAURANT          ___________________
          11425 E CORNVILLE RD          ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)634-8851       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150519

EARL ARTHUR PETZNICK, JR.
RED RIVER CATTLE LLP
DANCING APACHE RANCH
5601 W ELLIOT
LAVEEN AZ 85339

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133025         Renew? ______Yes_____No
Status:   Active           Status Date:     1/24/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EARL ARTHUR PETZNICK, JR.     __________________
Location: DANCING APACHE RANCH          __________________
          1902 N DANCING APACHE RD      __________________
          CORNVILLE, AZ 86325           __________________
Business Phone:     (602)237-4233       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150520

NICHOLAS CHARLES BOUTIN
RUBIOS RESTAURANT INC
RUBIO'S FRESH MEXICAN GRILLE
1902 WRIGHT PL STE 300
CARLSBAD CA 92008

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113161         Renew? ______Yes_____No
Status:   Active           Status Date:     11/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CHARLES BOUTIN       ___________________
Location: RUBIO'S FRESH MEXICAN GRILLE  ___________________
          847 N PROMENADE PKWY          ___________________
          CASA GRANDE, AZ 85209         ___________________
Business Phone:                         ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150521

GILBERTO MARTINEZ
LA CASITA OF AJ
495 W APACHE TRAIL
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113200         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: LA CASITA OF AJ               _________________
          495 W APACHE TRAIL            _________________
          APACHE JUNCTION, AZ 85120     _________________
Business Phone:     (480)288-8577       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150522

H J LEWKOWITZ
ARIZONA RENAISSANCE LIMITED PARTNERSHIP
ARIZONA RENAISSANCE FESTIVAL
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110033         Renew? ______Yes_____No
Status:   Seasonal         Status Date:     1/10/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: ARIZONA RENAISSANCE FESTIVAL  ___________________
          12601 E US HWY 60             ___________________
          APACHE JUNCTION, AZ 85118     ___________________
Business Phone:     (520)463-2600       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150523

VERNON REX CULLUM
TARA THAI PRESCOTT LLC
TARA
115 S CORTEZ ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133582         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VERNON REX CULLUM             ___________________
Location: TARA                          ___________________
          115 S CORTEZ ST               ___________________
          PRESCOTT, AZ 86314            ___________________
Business Phone:     (928)772-3249       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150524

JOSHUA RICHARD CASTELLANOS
RLR LLC
SALT MINE CELLARS
3575 S RIVERSIDE DR
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130024         Renew? ______Yes_____No
Status:   Inactive         Status Date:     2/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSHUA RICHARD CASTELLANOS    __________________
Location: SALT MINE CELLARS             __________________
          212 W FINNIE FLATS RD         __________________
          CAMP VERDE, AZ 86322          __________________
Business Phone:     (928)567-3126       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150525

KEVIN NORTON
SALT MINE WINE LLC
SALT MINE VINEYARDS
536 W SALT MINE RD
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  13133044         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KEVIN  NORTON                 ___________________
Location: SALT MINE VINEYARDS           ___________________
          536 W SALT MINE RD            ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (602)568-7555       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150526

JEFFREY DONALD WASOWICZ
J A FLATS INC
EVENTS CENTER
3001 MAIN ST STE 2B
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130080         Renew? ______Yes_____No
Status:   Active           Status Date:     6/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY DONALD WASOWICZ       ___________________
Location: EVENTS CENTER                 ___________________
          3201 N MAIN ST                ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-8844       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150527

SAMANTHA RENE MISITA
GENERAL KEARNY INN LLC
GENERAL KEARNY INN
PO BOX 188
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06116003         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMANTHA RENE MISITA          ___________________
Location: GENERAL KEARNY INN            ___________________
          301 ALDEN RD                  ___________________
          KEARNY, AZ 85137              ___________________
Business Phone:     (520)363-5505       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150528

ANTHONY LEE SCHAIBLE
JAVALINA CROSSING SALOON INC
JAVALINA CROSSING
P O BOX 730
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130068         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY LEE SCHAIBLE          _________________
Location: JAVALINA CROSSING             _________________
          34441 S OLD BLACK CANYON HWY   __________________
          BLACK CANYON CITY, AZ 85324   __________________
Business Phone:     (623)374-9593       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150529

JING YUE JEFF ZHEN
JEFF & XUAN INC
HONG KONG KITCHEN
314 E FLORENCE BLVD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113078         Renew? ______Yes_____No
Status:   Active           Status Date:     6/3/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JING YUE JEFF ZHEN            ___________________
Location: HONG KONG KITCHEN             ___________________
          314 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:                         ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150530

CLARENCE JAMES SELLS, II
PAGO'S PIZZERIA LLC
PAGO'S PIZZERIA & ITALIAN CUISINE
6446 HWY 179 #221
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133376         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CLARENCE JAMES SELLS, II      _________________
Location: PAGO'S PIZZERIA & ITALIAN CUISINE_________________
          6446 STATE ROUTE 179 #221     _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-1939       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150531

MICHAEL SMITH, JR.
JHTM LLC
OLDE SEDONA RESTAURANT
1405 W HWY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133405         Renew? ______Yes_____No
Status:   Active           Status Date:     5/30/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL  SMITH, JR.           ___________________
Location: OLDE SEDONA RESTAURANT        ___________________
          1405 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-5670       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150532

ELVIRA VARELA
HACIENDA INN
P O BOX 41
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133464         Renew? ______Yes_____No
Status:   Active           Status Date:     6/24/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: HACIENDA INN                  _________________
          1330 E SR 89A                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-9947       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150533

EDWARD BRUCE MARTAN
EDDIE'S PLACE INC
EDDIE'S PLACE
17930 S MARTAN DR
PICACHO AZ 85141

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110047         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD BRUCE MARTAN           ___________________
Location: EDDIE'S PLACE                 ___________________
          HWY 84                        ___________________
          PICACHO, AZ 85241             ___________________
Business Phone:     (520)466-3001       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150534

MARY ALICE LEDOUX
CAPTAINS INC
CAPTAIN'S
P O BOX 3451
APACHE JUNCTION AZ 85217

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110085         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARY ALICE LEDOUX             _________________
Location: CAPTAIN'S                     _________________
          300 W APACHE TRAIL #118       _________________
          APACHE JUNCTION, AZ 85220     _________________
Business Phone:     (480)288-2590       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150535

CHRISTOPHER LEE DOBROWOLSKI
VILLAGE SCHOOLHOUSE LLC
SCHOOLHOUSE RESTAURANT
1865 W SR 89A STE C
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133613         Renew? ______Yes_____No
Status:   Active           Status Date:     5/22/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHRISTOPHER LEE DOBROWOLSKI   ___________________
Location: SCHOOLHOUSE RESTAURANT        ___________________
          7000 HWY 179 #C 106           ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-2240       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150536

ANGELA MC GINN
R & A LA FONDA MEXICAN FOODS INC
LA FONDA MEXICAN RESTAURANT
P O BOX 1305
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133142         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANGELA  MC GINN               ___________________
Location: LA FONDA MEXICAN RESTAURANT   ___________________
          2750 W HORSESHOE BEND         ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-3500       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150537

JACK EDWARD GUTH
QUEEN'S NEIGHBOR ART GALLERY
310 QUEEN ST
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07134000         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: QUEEN'S NEIGHBOR ART GALLERY  _________________
          310 QUEEN ST                  _________________
          JEROME, AZ 86331              _________________
Business Phone:     (928)639-1456       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150538

SAIED ZAIA ASMAR
CORDES MARKET LLC
CORDES MARKET
20183 E STAGECOACH TRL
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133172         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAIED ZAIA ASMAR              ___________________
Location: CORDES MARKET                 ___________________
          20183 STAGECOACH TL           ___________________
          MAYER, AZ 86333               ___________________
Business Phone:     (928)642-1310       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150539

ROBERT ROY DELSI
OLD TOWN ALE HOUSE INC
OLD TOWN ALE HOUSE
412 N FLORENCE ST
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110035         Renew? ______Yes_____No
Status:   Active           Status Date:     3/30/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT ROY DELSI              ___________________
Location: OLD TOWN ALE HOUSE            ___________________
          412 N FLORENCE ST             ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)269-0140       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150540

WES CHARLES SCHEMMER
CHARLES STARR CORPORATION
VINO DI SEDONA
C/O GUTTILLA MURPHY ANDERSON
5415 E HIGH ST #200
PHOENIX AZ 85054

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130063         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WES CHARLES SCHEMMER          ___________________
Location: VINO DI SEDONA                ___________________
          2575 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)554-4682       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  10133278         Renew? ______Yes_____No
Status:   Active           Status Date:     12/23/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WES CHARLES SCHEMMER          ___________________
Location: VINO DI SEDONA                ___________________
          2575 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)554-4682       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150541

MELVIN W CHILDERS
CHAPARRAL CONVENIENCE STORE
1034 3RD AVE
SAN MANUEL AZ 85631

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10110005         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: CHAPARRAL CONVENIENCE STORE   ___________________
          HWY 77                        ___________________
          ORACLE, AZ 85623              ___________________
Business Phone:     (520)896-2015       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150542

CHAD FIELDING HALL SPECTOR
HALL SPECTOR LLC
GRASSHOPPER GRILL
1160 B S PAGE SPRINGS RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133509         Renew? ______Yes_____No
Status:   Active           Status Date:     4/19/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHAD FIELDING HALL SPECTOR    __________________
Location: GRASSHOPPER GRILL             __________________
          1160 B S PAGE SPRINGS RD      __________________
          CORNVILLE, AZ 86325           __________________
Business Phone:     (928)649-9211       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150543

KELLEY CHRISTINA CABRAL
KITCHENS INC
GABBY'S GRILL
2982 N PARK AVE STE B
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133608         Renew? ______Yes_____No
Status:   Active           Status Date:     3/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KELLEY CHRISTINA CABRAL       ___________________
Location: GABBY'S GRILL                 ___________________
          2982 PARK AVE STE B           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)277-1787       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150544

ANDREA DAHLMAN LEWKOWITZ
AHWATUKEE GOLF PROPERTIES LLC
DUKE AT RANCHO EL DORADO
2600 N CENTRAL AVE STE 1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110056         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      _________________
Location: DUKE AT RANCHO EL DORADO      _________________
          42660 W RANCHO EL DORADO PKWY   ___________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)568-4300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150545

ALAN ROBERT TOBISH
V F W #7400
V F W #7400
P O BOX 689
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14133000         Renew? ______Yes_____No
Status:   Active           Status Date:     4/26/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALAN ROBERT TOBISH            _________________
Location: V F W #7400                   _________________
          705 E ASPEN ST                _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-9769       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150546

TROY ALLEN LETWAK
ORE HOUSE HILLTOP TAVERN LLC
ORE HOUSE HILLTOP TAVERN
PO BOX 116
ORACLE AZ 85623

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110062         Renew? ______Yes_____No
Status:   Active           Status Date:     3/11/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TROY ALLEN LETWAK             ___________________
Location: ORE HOUSE HILLTOP TAVERN      ___________________
          1200 N JEFFERSON DR           ___________________
          ORACLE, AZ 85623              ___________________
Business Phone:     (520)896-2801       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150547

THERESA LYNN ROMEY
SU CASA OF CLARKDALE INC
SU CASA
P O BOX 870
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12131075         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA LYNN ROMEY            ___________________
Location: SU CASA                       ___________________
          1000 MAIN ST                  ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)634-2771       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150548

MICHAEL VAL BENEDETTO
ARIZONA CITY GOLF LLC
ARIZONA CITY COUNTRY CLUB AND GOLF COURSE
P O BOX 3857
ARIZONA CITY AZ 85223

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06110019         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL VAL BENEDETTO         ___________________
Location: ARIZONA CITY COUNTRY CLUB AND GOLF COURSE___________________
          13939 CLEATOR                 ___________________
          ARIZONA CITY, AZ 85223        ___________________
Business Phone:     (520)466-5248       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150549

RINA RAFAELA RIEN
CASA GRANDE MAIN STREET
CASA GRANDE MAIN STREET
P O BOX 10062
CASA GRANDE AZ 85230

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110028         Renew? ______Yes_____No
Status:   Active           Status Date:     1/7/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RINA RAFAELA RIEN             ___________________
Location: CASA GRANDE MAIN STREET       ___________________
          110 W 2ND ST #107 & 108       ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-8744       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150550

STEVEN BALLARD WAPLES
PRESCOTT GVA LLC
PRESCOTT ATHLETIC & TENNIS CLUB
1 KINGSWOOD DRIVE
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130036         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    STEVEN BALLARD WAPLES         ___________________
Location: PRESCOTT ATHLETIC & TENNIS CLUB___________________
          1 KINGSWOOD DR                ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)227-3417       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150551

LEX ALLEN GUINN
LYZZARD'S LLC
LYZZARDS LOUNGE
120 N CORTEZ ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130035         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LEX ALLEN GUINN               ___________________
Location: LYZZARDS LOUNGE               ___________________
          120 N CORTEZ ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-2244       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150552

SHAWN KELLY SULLIVAN
SHAWN'S SPORTS BAR & GRILL
P O BOX 26337
PRESCOTT VALLEY AZ 86312

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07133000         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SHAWN'S SPORTS BAR & GRILL    _________________
          12625 E VILLAGE CREEK BLVD    _________________
          DEWEY, AZ 86327               _________________
Business Phone:     (928)772-0130       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12133569         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SHAWN'S SPORTS BAR & GRILL    _________________
          12625 E VILLAGE CREEK BLVD    _________________
          DEWEY, AZ 86327               _________________
Business Phone:     (928)772-0130       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150553

JAMAL ESSA ABDALLAH
SEDONA FOUR LLC
SEDONA FOUR
5050 S ARIZONA AVE
CHANDLER AZ 85248

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133264         Renew? ______Yes_____No
Status:   Active           Status Date:     2/19/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMAL ESSA ABDALLAH           ___________________
Location: SEDONA FOUR                   ___________________
          1990 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-0174       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150554

JOSE DOMINGO CARRILLO
CARRILLO'S PRODUCE & MAYA'S MERCADO
8989 N COYOTE SPRINGS RD
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133184         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: CARRILLO'S PRODUCE & MAYA'S MERCADO_________________
          3900 N ROBERT RD              ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)775-7040       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150555

HELEN MARIE FORD
HELEN'S KITCHEN LLC
HELEN'S KITCHEN
19171 N JOHN WAYNE PKWY
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113235         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HELEN MARIE  FORD             ___________________
Location: HELEN'S KITCHEN               ___________________
          19171 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)233-2057       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150556

ANNE LISE D FINNBRAATEN
PIZZA JOINT LLC
PIZZA JOINT
P O BOX 633
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130010         Renew? ______Yes_____No
Status:   Active           Status Date:     4/1/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANNE LISE D FINNBRAATEN       _________________
Location: PIZZA JOINT                   _________________
          21455 W OLD HWY 66            _________________
          SELIGMAN, AZ 86337            _________________
Business Phone:     (928)422-4788       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150557

CARIE SHANNON HUGHES
CHERRY CREEK RANCH LLC
CHERRY CREEK RANCH
P O BOX 1828
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130072         Renew? ______Yes_____No
Status:   Active           Status Date:     9/29/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CARIE SHANNON HUGHES          ___________________
Location: CHERRY CREEK RANCH            ___________________
          CHERRY RD 1 MILE EAST OF DEWEY   ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)848-8717       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150558

JAMILA LOUISE ADAM
FINISH LINE PRODUCTIONS LLC
FINISH LINE CANTINA
955 E JULIE AVE
SAN TAN VALLEY AZ 85140

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07113000         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMILA LOUISE ADAM            ___________________
Location: FINISH LINE CANTINA           ___________________
          59 W MCCORMICK                ___________________
          QUEEN CREEK, AZ 85240         ___________________
Business Phone:     (480)299-7270       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150559

LISA GAYLE YOUNG
MY DOBRO LLC
MY DOBRO
608 E BOW MAKER TRL
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06130008         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA GAYLE YOUNG              ___________________
Location: MY DOBRO                      ___________________
          1100 HWY 260 SOUTH            ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)634-3800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150560

SHERESA KATHLEEN COOK
COOKS CORKS LLC
CORK AND CUISINE
3298 N GLASSFORD HILL RD # 104-162
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133568         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHERESA KATHLEEN COOK         _________________
Location: CORK AND CUISINE              _________________
          2985 N CENTRE COURT #B        _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)237-1510       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150561

JOHN J NIELSEN
PRESCOTT BREWING CO INC
PRESCOTT BREWING CO
130 W GURLEY ST #A
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130064         Renew? ______Yes_____No
Status:   Active           Status Date:     11/2/1994
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN J NIELSEN                _________________
Location: PRESCOTT BREWING CO           _________________
          130 W GURLEY ST #A            _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)771-2795       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150562

CECIL E MILLER
MILLER ENTERPRISES INC
PLAZA BOWL
6301 E 2ND ST
PRESCOTT VALLEY AZ 85314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130046         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CECIL E MILLER                _________________
Location: PLAZA BOWL                    _________________
          127 PLAZA DR                  _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)445-8300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  06130049         Renew? ______Yes_____No
Status:   Active           Status Date:     9/18/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CECIL E MILLER                _________________
Location: ANTELOPE LANES                _________________
          6301 E 2ND ST                 _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)772-7501       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150563

MIKHAEL HANNA CHAHOUD
JDGJ LLC
CHICAGO PIZZA & PUB
1441 E LOS ARBOLES DR
TEMPE AZ 85284

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110006         Renew? ______Yes_____No
Status:   Active           Status Date:     7/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MIKHAEL HANNA CHAHOUD         ___________________
Location: CHICAGO PIZZA & PUB           ___________________
          40975 N IRONWOOD #108         ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)987-3004       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150564

VIRLIE LOUISE NUGENT
R NUGENT & ASSOCIATES INC
SUPERSTITION SKIES RESTAURANT & BAR
1125 N VALLEY DR
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110012         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VIRLIE LOUISE NUGENT          ___________________
Location: SUPERSTITION SKIES RESTAURANT & BAR___________________
          945 E SCENIC ST               ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)982-5726       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150565

JARED MICHAEL REPINSKI
MARIO'S PLACE LLC
LA MOSCA
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110054         Renew? ______Yes_____No
Status:   Inactive         Status Date:     5/30/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        ___________________
Location: LA MOSCA                      ___________________
          2300 E TANGER DR SUITE 149    ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)709-3950       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150566

CHARLES THEODORE SARBER
V F W #1677
V F W #1677
111 E 2ND ST
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES THEODORE SARBER       ___________________
Location: V F W #1677                   ___________________
          111 E 2ND ST                  ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-5199       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150567

CRAIG A KUHSE
KUHSE CRAIG ET AL
CORDES CHEVRON
220 S RIVER DR
TEMPE AZ 85281

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10131022         Renew? ______Yes_____No
Status:   Active           Status Date:     9/17/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CRAIG A KUHSE                 __________________
Location: CORDES CHEVRON                __________________
          19625 E CORDES LAKES RD       __________________
          MAYER, AZ 86333               __________________
Business Phone:     (928)632-8558       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150568

PHILIP JESSE GREEN, SR.
OB SPORTS F/B MANAGEMENT (SED) LLC
SEDONA GOLF RESORT
7025 E GREENWAY PKWY #550
SCOTTSDALE AZ 85254

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130059         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHILIP JESSE GREEN, SR.       _________________
Location: SEDONA GOLF RESORT            _________________
          35 RIDGE TRL DR               _________________
          SEDONA, AZ 86351              _________________
Business Phone:     (928)284-9355       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150569

H J LEWKOWITZ
COST PLUS INC
COST PLUS WORLD MARKET
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113155         Renew? ______Yes_____No
Status:   Active           Status Date:     9/21/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: COST PLUS WORLD MARKET        _________________
          1005 N PROMENADE PKWY STE105   __________________
          CASA GRANDE, AZ 85294         _________________
Business Phone:     (520)374-2300       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133138         Renew? ______Yes_____No
Status:   Active           Status Date:     9/21/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 _________________
Location: COST PLUS WORLD MARKET        _________________
          3320 GATEWAY BLVD             _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)776-7945       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150570

ROBERT SCOTT WOHRMAN
GALLOPIN GOOSE SALOON INC
GALLOPIN GOOSE SALOON
1980 S ARIZONA BLVD
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT SCOTT WOHRMAN          ___________________
Location: GALLOPIN GOOSE SALOON         ___________________
          1980 S ARIZONA BLVD           ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-0300       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150571

KENNETH JON VEGORS
S L V GOLF PROPERTIES LLC
MOUNTAIN BROOK GOLF CLUB
5783 S MOUNTAIN BROOK DRIVE
GOLD CANYON AZ 85218

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110079         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH JON VEGORS            ___________________
Location: MOUNTAIN BROOK GOLF CLUB      ___________________
          5783 MOUNTAIN BROOK DR        ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)671-1000       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150572

DON PAUL BURTON
BURTON FAMILY ENTERPRISES INC
PRESCOTT JUNCTION
235 VALLEY VIEW CT
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130012         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DON PAUL BURTON               ___________________
Location: PRESCOTT JUNCTION             ___________________
          1121 E SHELDON AVE            ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (520)778-4029       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150573

ESMERALDA DE LA CRUZ JEREZ
CINCO PESOS INC
DE LA CRUZ MEXICAN GRILLE
10 W MAIN ST
MESA AZ 85201

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113058         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ESMERALDA DE LA CRUZ JEREZ    _________________
Location: DE LA CRUZ MEXICAN GRILLE     _________________
          5301 S SUPERSTITION MTN DR STE 111   ___________________
          GOLD CANYON, AZ 85218         ___________________
Business Phone:     (480)982-5401       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150574

LISA DAHL
JWJ TWIN SOULS LLC
PISA LISA
7000 HWY 179 STE 126A
C/O CUCINA RUSTICA
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133544         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA  DAHL                    _________________
Location: PISA LISA                     _________________
          2245 W HIGHWAY 89A            _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)282-1693       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133024         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA  DAHL                    _________________
Location: DAHL & DI LUCA RISTORANTE ITALIANO_________________
          2321 W HWY 89A                _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (520)282-5219       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150575

RICHARD SCOTT TEEL
RED LOBSTER HOSPITALITY LLC
RED LOBSTER #0623
P O BOX 6508
ATTN LICENSING
ORLANDO FL 32802-6508

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133593         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD SCOTT TEEL            ___________________
Location: RED LOBSTER #0623             ___________________
          1821 E HWY 69                 ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-2717       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150576

LISA IRENE KHAN
SEDONA ART MANAGEMENT INC
MESA GRILL
P O BOX 380
SEDONA AZ 86339

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133494         Renew? ______Yes_____No
Status:   Active           Status Date:     9/10/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA IRENE KHAN               ___________________
Location: MESA GRILL                    ___________________
          1185 AIRPORT RD               ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-2400       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150577

JAMES FRANCISCO RUIZ
COPPERNET SYSTEMS INC
CACTUS VIDEO & MINI MART
P O BOX 358
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113167         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES FRANCISCO RUIZ          ___________________
Location: CACTUS VIDEO & MINI MART      ___________________
          352 ALDEN RD                  ___________________
          KEARNY, AZ 85137              ___________________
Business Phone:     (520)363-5111       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150578

JEFFERY ALAN BICK
KMART CORPORATION
BIG KMART #9101
3333 BEVERLY RD B2-113A
HOFFMAN ESTATES IL 60179

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113026         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFERY ALAN BICK             ___________________
Location: BIG KMART #9101               ___________________
          1214 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)836-3466       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133038         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFERY ALAN BICK             ___________________
Location: BIG KMART #4880               ___________________
          7550 E STATE RTE 69           ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-0017       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150579

ROSALENA PALACIO INZUNZA
CAROL & LENA'S PARTNERSHIP
QUEEN VALLEY COUNTRY CLUB
953 W SILVERKING RD
QUEEN VALLEY AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110088         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROSALENA PALACIO INZUNZA      ___________________
Location: QUEEN VALLEY COUNTRY CLUB     ___________________
          685 N FAIRWAY DR              ___________________
          QUEEN VALLEY, AZ 85118        ___________________
Business Phone:     (520)463-2070       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150580

LA DENNA MADELINE WHITEHEAD
WHITEHEAD LA DENNA ET AL
LAVEIGH'S LOUNGE
P O BOX 1090
STANFIELD AZ 85172

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06110074         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LA DENNA MADELINE WHITEHEAD   __________________
Location: LAVEIGH'S LOUNGE              __________________
          36796 W HWY 84                __________________
          STANFIELD, AZ 85172           __________________
Business Phone:     (520)424-3233       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150581

SUSAN DEE DANIELS
LUXE LEISURE LIVING LLC
POINT
3965 RUNNING IRON DR
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130031         Renew? ______Yes_____No
Status:   Active           Status Date:     4/17/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SUSAN DEE DANIELS             _________________
Location: POINT                         _________________
          114 N MONTEZUMA ST            _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)925-2038       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150582

FREDERICK ROBERT KRAUS
OAK CREEK BREWING CO LLC
OAK CREEK BREWING CO
2050 YAVAPAI DRIVE UNIT #2C
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130042         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FREDERICK ROBERT KRAUS        ___________________
Location: OAK CREEK BREWING CO          ___________________
          2050 YAVAPAI DR               ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)204-1300       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150583

JEAN MARIE POPE
POPE ENTERPRISES INC
HISTORIC RT 66 GENERAL STORE
P O BOX 5
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10130060         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEAN MARIE POPE               ___________________
Location: HISTORIC RT 66 GENERAL STORE  ___________________
          506 W HWY 66                  ___________________
          SELIGMAN, AZ 86337-0005       ___________________
Business Phone:     (928)422-3549       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150584

GEORGE IRA ATWELL
SADDLEBROOKE RANCH HOMEOWNERS ASSOCIATION INC
LA HACIENDA CLUB
9532 E RIGGS RD
SUN LAKES AZ 85248

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110025         Renew? ______Yes_____No
Status:   Active           Status Date:     1/14/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE IRA ATWELL             ___________________
Location: LA HACIENDA CLUB              ___________________
          59638 E ROBSON CIR            ___________________
          ORACLE, AZ 85623              ___________________
Business Phone:     (520)818-6010       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150585

DEBORAH LEVIN STAMM
BIRD CAGE SALOON
160 S MONTEZUMA
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130066         Renew? ______Yes_____No
Status:   Active           Status Date:     5/9/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BIRD CAGE SALOON              _________________
          160 S MONTEZUMA               _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)778-9921       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150586

DAVID ANDREW ZOOK
LOG CABIN LLC
LOG CABIN
P O BOX 635
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130077         Renew? ______Yes_____No
Status:   Active           Status Date:     2/4/1997
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID ANDREW ZOOK             _________________
Location: LOG CABIN                     _________________
          18 N HWY 89                   _________________
          CHINO VALLEY, AZ 86323        _________________
Business Phone:     (520)636-4271       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150587

LIESELOTTE RUSSELL
LILO ENTERPRISES INC
WESTSIDE LILOS CAFE
P O BOX 55
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133059         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LIESELOTTE  RUSSELL           ___________________
Location: WESTSIDE LILOS CAFE           ___________________
          415 W CHINO ST                ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (928)422-5456       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150588

WILLIAM MALCOLM MURRAY
VERDE LEA MARKET
516 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133115         Renew? ______Yes_____No
Status:   Active           Status Date:     5/21/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: VERDE LEA MARKET              _________________
          516 N MAIN ST                 _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-8731       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150589

HOWARD EVERETT MAGEE
CARIOCA COMPANY
CARIOCA MINIT MARKET #12
2601 W DUNLAP AVE #10
PHOENIX AZ 85021

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 10113261 Renew? _____Yes_____No
Status: Active Status Date: 3/31/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: CARIOCA MINIT MARKET #12 _____
63715 E SADDLEBROOK BLVD _____
TUCSON, AZ 85739-1258 _____
Business Phone: (520)818-0901 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133099 Renew? _____Yes_____No
Status: Active Status Date: 3/5/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: SHELL #56 _____
1325 IRON SPRINGS RD _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)771-0636 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133103 Renew? _____Yes_____No
Status: Active Status Date: 7/25/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: SHELL #62 _____
4596 N ROBERT RD _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)775-3288 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133104 Renew? _____Yes_____No
Status: Active Status Date: 7/25/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: SHELL #61 _____
333 GROVE ST _____
PRESCOTT, AZ 86301 _____
Business Phone: (928)778-0751 _____

Renewal Fees:

License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133105 Renew? _____Yes_____No
Status: Active Status Date: 7/25/2002
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: SHELL #60 _____
8233 E HWY 69 _____
PRESCOTT VALLEY, AZ 86312 _____
Business Phone: (928)772-8316 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133162 Renew? _____Yes_____No
Status: Active Status Date: 4/6/2006
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: HOWARD EVERETT MAGEE _____
Location: SHELL #63 _____
995 S HWY 89 _____
CHINO VALLEY, AZ 86323 _____
Business Phone: (928)636-2291 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10130040 Renew? _____Yes_____No
Status: Active Status Date: 1/1/1986
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MARVIN LEROY ROSE _____
Location: SHELL #23 _____
I-17 & HWY 69 _____
CORDES LAKES, AZ 86333 _____
Business Phone: (520)395-2600 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00
ARS 4-209 L Sur-Charge: 35.00
Total: 120.00

License# 10133064 Renew? _____Yes_____No
Status: Active Status Date: 12/7/1999
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: MARVIN LEROY ROSE _____
Location: SHELL #47 _____
898 S MAIN ST _____
COTTONWOOD, AZ 86326 _____
Business Phone: (520)3952600 _____

Renewal Fees:
License Renewal: 50.00
ARS 4-209 K Sur-Charge: 35.00

```
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

--------------------------------------------------------------------------------
License#  10131004         Renew? ______Yes_____No
Status:   Active           Status Date:     6/24/1987
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARVIN LEROY ROSE             ___________________
Location: SHELL #48                     ___________________
          I-17 FINNIE FLAT RD.          ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (520)395-2600       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150590

NASSER NAJAF SULTAN SHAMS
SHAMS BROTHERS LLC
CANYON TOBACCO & LIQUOR
7138 E HWY 60
GOLD CANYON AZ 85118

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  09116000         Renew? ______Yes_____No
Status:   Active           Status Date:     5/29/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NASSER NAJAF SULTAN SHAMS     ___________________
Location: CANYON TOBACCO & LIQUOR       ___________________
          6499 S KINGS RANCH RD #D      ___________________
          GOLD CANYON, AZ 85118         ___________________
Business Phone:     (480)983-1822       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150591

LAUREN KAY MERRETT
ET ENCOUNTER DINER LLC
ET ENCOUNTER
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133594         Renew? ______Yes_____No
Status:   Active           Status Date:     11/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: ET ENCOUNTER                  ___________________
          1655 W SR 89                  ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-6070       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150592

THERESA JUNE MORSE
PIZZA PICAZZO LLC
PICAZZO'S GOURMET PIZZA & SALAD
530 E MCDOWELL RD #107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133196         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: PICAZZO'S GOURMET PIZZA & SALAD___________________
          1855 WEST HWY 89A             ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-4140       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150593

THERESA JUNE MORSE
TORTILLAS MI PUEBLITO INC
TORTILLAS MI PUEBLITO
530 E MCDOWELL RD STE 107-241
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113248         Renew? ______Yes_____No
Status:   Active           Status Date:     12/5/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            ___________________
Location: TORTILLAS MI PUEBLITO         ___________________
          706 N HWY 77                  ___________________
          MAMMOTH, AZ 85618             ___________________
Business Phone:     (520)487-2123       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150594

SIMON TOONG FOOK HO
HO AND HO ENTERPRISE INC
RED CHOPSTICK
65 BELL ROCK PLAZA BLVD
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133325         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SIMON TOONG FOOK HO           ___________________
Location: RED CHOPSTICK                 ___________________
          65 BELL ROCK PLAZA BLVD       ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-9088       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150595

EDWARD PAUL LEUER
BPOE #1361
BPOE #1361
P O BOX 488
CLARKDALE AZ 86324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14130001         Renew? ______Yes_____No
Status:   Active           Status Date:     9/14/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EDWARD PAUL LEUER             ___________________
Location: BPOE #1361                    ___________________
          100 S BROADWAY                ___________________
          CLARKDALE, AZ 86324           ___________________
Business Phone:     (928)634-5611       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150596

CHARLES TERRANCE MOORE
WC RESTAURANT LLC
WILLOW CREEK RESTAURANT
2516 WILLOW CREEK RD
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133289         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARLES TERRANCE MOORE        ___________________
Location: WILLOW CREEK RESTAURANT       ___________________
          2516 WILLOW CREEK RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)443-1065       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150597

NASSER NAJAF SULTAN SHAMS
BAHRAIN INVESTMENTS LLC
GOLD CANYON SHELL
7138 E HWY 60
GOLD CANYON AZ 85218

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113185         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NASSER NAJAF SULTAN SHAMS     ___________________
Location: GOLD CANYON SHELL             ___________________
          7138 E HWY 60                 ___________________
          GOLD CANYON, AZ 85218         ___________________
Business Phone:     (480)671-7182       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150598

ALICE MILLICENT SIMMONS
WHODA THUNKIT LLC
JUDI'S RESTAURANT & LOUNGE
P O BOX 4055
WEST SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133590         Renew? ______Yes_____No
Status:   Active           Status Date:     7/29/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ALICE MILLICENT SIMMONS       ___________________
Location: JUDI'S RESTAURANT & LOUNGE    ___________________
          40 SOLDIER PASS RD STE 20     ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-4449       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150599

WILLIAM J STALTARI
SAN DOMINIQUE WINERY
P O BOX 2089
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  13130003         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: SAN DOMINIQUE WINERY          _________________
          I-17 & HWY 169                _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (602)549-9787       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150600

SAMUEL WALLACE PILLSBURY
PILLSBURY WINE COMPANY NORTH LLC
PILLSBURY WINE COMPANY NORTH
4109 E VIA ESTRELLA
PHOENIX AZ 85028

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133021         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SAMUEL WALLACE PILLSBURY      ___________________
Location: PILLSBURY WINE COMPANY NORTH  ___________________
          1012 N MAIN ST                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)639-0646       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150601

GEORGE LEONARD ENGLE
CST ARIZONA STATIONS INC
CORNER STORE #1668
P O BOX 690007
SAN ANTONIO TX 78269-0007

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113251         Renew? ______Yes_____No
Status:   Active           Status Date:     1/27/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE LEONARD ENGLE          ___________________
Location: CORNER STORE #1668            ___________________
          2182 E FLORENCE BLVD          ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (480)503-2343       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10113032         Renew? ______Yes_____No
Status:   Active           Status Date:     1/22/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE LEONARD ENGLE          ___________________
Location: DIAMOND SHAMROCK ARIZONA #1647___________________
          2341 S IRONWOOD DR            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)288-5648       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150602

ANDREA DAHLMAN LEWKOWITZ
DT MANAGEMENT LLC
HILTON SEDONA RESORT
610 SMITHFIELD ST STE 300
PITTSBURGH PA 15222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133009         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANDREA DAHLMAN LEWKOWITZ      ___________________
Location: HILTON SEDONA RESORT          ___________________
          90 RIDGE TRAIL DR             ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-4040       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150603

JENNIFER JERL MCCORMACK
JJ MAC'S LLC
JJ'S
444 W GOODWIN ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130061         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JENNIFER JERL MCCORMACK       _________________
Location: JJ'S                          _________________
          444 W GOODWIN ST              _________________
          PRESCOTT, AZ 86303            _________________
Business Phone:     (928)445-9867       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150604

FLYNN FRANCIS NEELAMKAVIL
BLUE EYE COMMUNICATIONS LLC
RUINS
1167 W MESQUITE ST
GILBERT AZ 85233

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110070         Renew? ______Yes_____No
Status:   Active           Status Date:     4/16/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FLYNN FRANCIS NEELAMKAVIL     ___________________
Location: RUINS                         ___________________
          1140 N ARIZONA BLVD           ___________________
          COOLIDGE, AZ 85128-3204       ___________________
Business Phone:     (520)723-5200       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150605

TONY VANG
TONY & BAO LLC
FUJIYAMA JAPANESE RESTAURANT & SUSHI BAR
7112 E DODGE CIR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133338         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    TONY  VANG                    _________________
Location: FUJIYAMA JAPANESE RESTAURANT & SUSHI BAR_________________
          1781 E HWY 69 STE 37          _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)776-8659       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150606

SHERYL LYNN OLSON
SELIGMAN MINI MART LLC
OLSONS SELIGMAN MINI MART
P O BOX 355
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133006         Renew? ______Yes_____No
Status:   Active           Status Date:     12/26/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHERYL LYNN OLSON             ___________________
Location: OLSONS SELIGMAN MINI MART     ___________________
          I 40 & CAMPWOOD RD            ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (928)422-3586       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150607

SHANE DOUGLAS SMITH
OLD TOWN RED ROOSTER CAFE LLC
OLD TOWN RED ROOSTER CAFE
901 N MAIN ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133476         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SHANE DOUGLAS SMITH           ___________________
Location: OLD TOWN RED ROOSTER CAFE     ___________________
          901 N MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-8100       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150608

RAFAEL REYNA ORTEGA
REYNA CARDENAS LLC
LINDO MEXICO RESTAURANTE MEXICANO
8341 E SOMMER DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133605         Renew? ______Yes_____No
Status:   Active           Status Date:     3/18/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RAFAEL  REYNA ORTEGA          _________________
Location: LINDO MEXICO RESTAURANTE MEXICANO_________________
          1260 GAIL GARDNER WAY STE A   _________________
          PRESCOTT, AZ 86305            _________________
Business Phone:     (928)776-5152       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150609

MAYNARD JAMES KEENAN
MERKIN V & O MARKET CAFE LLC
MERKIN V & O MARKET CAFE
PO BOX 905
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133022         Renew? ______Yes_____No
Status:   Active           Status Date:     2/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MAYNARD JAMES KEENAN          ___________________
Location: MERKIN V & O MARKET CAFE      ___________________
          9655 E CORNVILLE RD           ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150610

PHYLLIS IRENE REZZONICO
C V FEED & COUNTRY STORE INC
C V FEED & COUNTRY STORE
584 S MAIN ST
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130040         Renew? ______Yes_____No
Status:   Active           Status Date:     10/28/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PHYLLIS IRENE REZZONICO       ___________________
Location: C V FEED & COUNTRY STORE      ___________________
          584 S MAIN ST                 ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-3351       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150611

NORMAN DWAYNE WARREN
NORM'S HOMETOWN GROCERY LLC
NORMS IGA
P O BOX 549
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113263         Renew? ______Yes_____No
Status:   Active           Status Date:     5/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NORMAN DWAYNE WARREN          ___________________
Location: NORMS IGA                     ___________________
          344 ALDEN RD                  ___________________
          KEARNY, AZ 85237              ___________________
Business Phone:     (520)363-5595       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150612

BARRINGTON KENNETH CAMPBELL
BARRINGTON'S PUB LLC
BARRINGTON'S PUB
1442 E 11TH ST
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110090         Renew? ______Yes_____No
Status:   Active           Status Date:     11/20/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BARRINGTON KENNETH CAMPBELL   __________________
Location: BARRINGTON'S PUB              __________________
          864 E JIMMIE KERR BLVD        __________________
          CASA GRANDE, AZ 85222         __________________
Business Phone:     (520)421-1582       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150613

YOLANDA R OLMEDO
CASA DE LAS MARGARITAS LLC
CASA DE LAS MARGARITAS
77 GENERAL CROOK TRAIL
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133501         Renew? ______Yes_____No
Status:   Active           Status Date:     1/31/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    YOLANDA R OLMEDO              ___________________
Location: CASA DE LAS MARGARITAS        ___________________
          77 GENERAL CROOK TRAIL        ___________________
          CAMP VERDE, AZ 86322          ___________________
Business Phone:     (928)567-2435       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150614

ROBIN ANN HOULT
GRANITE CREEK VINEYARDS
2515 N RD 1 NE
CHINO VALLEY AZ 86323

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133005         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: GRANITE CREEK VINEYARDS       _________________
          2515 N RD 1 NE                _________________
          CHINO VALLEY, AZ 86323        _________________
Business Phone:     (928)636-2922       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150615

NICHOLAS CARL GUTTILLA
TARGET STORES INC
TARGET # 2353
P O BOX 9471 CC-1028
MINNEAPOLIS MN 55440-9471

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113157         Renew? ______Yes_____No
Status:   Active           Status Date:     10/16/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NICHOLAS CARL GUTTILLA        ___________________
Location: TARGET # 2353                 ___________________
          951 N PROMENADE PKWY          ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)413-6971       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150616

JUVENTINO QUIROZ
T&M PIZZA INC
T&M PIZZA ITALIAN RESTAURANTE
1609 E FLORENCE BLVD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113250         Renew? ______Yes_____No
Status:   Active           Status Date:     2/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JUVENTINO  QUIROZ             ___________________
Location: T&M PIZZA ITALIAN RESTAURANTE ___________________
          1609 E FLORENCE BLVD STE 1    ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)316-0656       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150617

RUBY ALI
VIJA TRUCK STOP LLC
VIJA TRUCK STOP
4614 W MARLETTE AVE
GLENDALE AZ 85301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113183         Renew? ______Yes_____No
Status:   Active           Status Date:     5/26/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUBY  ALI                     _________________
Location: VIJA TRUCK STOP               _________________
          52745 W I 8 EXIT 151          _________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)424-3175       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150618

MEHMOOD MOHIUDDIN
HITCHING POST LLC
HITCHING POST PIZZA PUB
2341 N APACHE TRAIL
APACHE JUNCTION AZ 85219

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110064         Renew? ______Yes_____No
Status:   Active           Status Date:     12/10/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MEHMOOD  MOHIUDDIN            ___________________
Location: HITCHING POST PIZZA PUB       ___________________
          2341 N APACHE TRAIL           ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)983-8800       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150619

DARYL MONROE DAVIS
LT RESTAURANTS LLC
LEFF-T'S STEAKHOUSE AND GRILL
P O BOX 950
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133422         Renew? ______Yes_____No
Status:   Active           Status Date:     12/8/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARYL MONROE DAVIS            ___________________
Location: LEFF-T'S STEAKHOUSE AND GRILL ___________________
          150 S HWY 69 #12              ___________________
          DEWEY, AZ 86327               ___________________
Business Phone:     (928)632-1388       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150620

BILL C FRENCH
RED ROCK CAFE LLC
RED ROCK CAFE
986 S INEZ CIRCLE
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133420         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BILL C FRENCH                 _________________
Location: RED ROCK CAFE                 _________________
          100 VERDE VALLEY SCHOOL RD STE 107   __________________
          SEDONA, AZ 86351              __________________
Business Phone:     (928)284-1441       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150621

VINTON LESLIE FUGATE
CORBY OF ARIZONA INC
MINING CAMP RESTAURANT
P O BOX 456
APACHE JUNCTION AZ 85117

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113112         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    VINTON LESLIE FUGATE          ___________________
Location: MINING CAMP RESTAURANT        ___________________
          6100 E MINING CAMP ST         ___________________
          APACHE JUNCTION, AZ 85219     ___________________
Business Phone:     (480)982-3181       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150622

LISA ANNETTE MURPHY
MACMURPHY'S LLC
CIRCLE BAR STEAK HOUSE
P O BOX 426
BAGDAD AZ 86321

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133375         Renew? ______Yes_____No
Status:   Active           Status Date:     9/7/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LISA ANNETTE MURPHY           ___________________
Location: CIRCLE BAR STEAK HOUSE        ___________________
          901 N LINDAHL                 ___________________
          BAGDAD, AZ 86321              ___________________
Business Phone:     (928)633-3488       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150623

CHUCK BIRRENBACH
ARROWHEAD BAR & GRILL LLC
ARROWHEAD BAR & GRILL
P O BOX 1043
CONGRESS AZ 85332

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130037         Renew? ______Yes_____No
Status:   Active           Status Date:     11/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHUCK  BIRRENBACH             _________________
Location: ARROWHEAD BAR & GRILL         _________________
          25575 N HWY 89                _________________
          CONGRESS, AZ 85332            _________________
Business Phone:     (928)427-3212       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150624

MICHAEL FRANCIS LEWIS
LEWMAN LLC
MIKE'S MINI MARKET
15345 N BADLAND CIR
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130036         Renew? ______Yes_____No
Status:   Active           Status Date:     8/26/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL FRANCIS LEWIS         _________________
Location: MIKE'S MINI MARKET            _________________
          924 E GURLEY                  _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)445-2410       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150625

BRUCE SCOTT REID
REID INVESTORS LLC
WHISKEY ROW PUB
144 S MONTEZUMA ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130074         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRUCE SCOTT REID              ___________________
Location: WHISKEY ROW PUB               ___________________
          144 S MONTEZUMA ST            ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-1244       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150626

SCOTT EDISON SIMMONS
6 TOP LLC
BAJA FRESH
3088 N GLASSFORD HILL RD
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133468         Renew? ______Yes_____No
Status:   Active           Status Date:     9/27/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SCOTT EDISON SIMMONS          ___________________
Location: BAJA FRESH                    ___________________
          3088 N GLASSFORD HILL RD      ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)772-1705       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150627

ERIC WILLIAM BUCHHOLTZ
MIRAGE AJ LLC
MIRAGE SPORTS GRILL
725 W APACHE TRAIL #2A
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113202         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC WILLIAM BUCHHOLTZ        ___________________
Location: MIRAGE SPORTS GRILL           ___________________
          725 W APACHE TRAIL #2         ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)671-3846       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150628

FERNANDO ZUNIGA
NARISON INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
1317 1/2 E GURLEY ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133374         Renew? ______Yes_____No
Status:   Active           Status Date:     7/23/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FERNANDO  ZUNIGA              ___________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT___________________
          1317 1/2 E GURLEY ST          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-3716       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150629

DENA LYNN SMITH
THAI PALACE LLC
THAI PALACE
704 N BALBOA ST
COTTONWOOD AZ 86326

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133371         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DENA LYNN SMITH               ___________________
Location: THAI PALACE                   ___________________
          704 N BALBOA ST               ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)639-0444       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150630

THAO THANH VAN NGUYEN
MINH THAO ENTERPRISES LLC
BROWN & BROWN MERCANTILE
1722 E PRIMERA DR
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113159         Renew? ______Yes_____No
Status:   Active           Status Date:     11/27/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THAO THANH VAN NGUYEN         ___________________
Location: BROWN & BROWN MERCANTILE      ___________________
          1180 EAST JIMMIE KERR BLVD    ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-1389       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150631

DAVID CHALUPP
ENCANTO PIZZA AND WINGS LLC
ENCANTO PIZZA AND WINGS
8400 E LONG MESA DR
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133598         Renew? ______Yes_____No
Status:   Active           Status Date:     12/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID  CHALUPP                _________________
Location: ENCANTO PIZZA AND WINGS       _________________
          8400 E LONG MESA DR           _________________
          PRESCOTT VALLEY, AZ 86314     _________________
Business Phone:     (928)775-5500       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150632

JESSIE LEE BLACKBURN
JEWEL'S DESERT SANDS INC
JEWEL'S DESERT SANDS
1515 N PINAL AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110009         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESSIE LEE BLACKBURN          ___________________
Location: JEWEL'S DESERT SANDS          ___________________
          1515 N PINAL AVE              ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-2852       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150633

ERICA LYNN PARKER
KMEP LLC
TWO MAMAS GOURMET PIZZA
4321 N PLAINSMAN WAY
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133616         Renew? ______Yes_____No
Status:   Active           Status Date:     5/28/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERICA LYNN PARKER             ___________________
Location: TWO MAMAS GOURMET PIZZA       ___________________
          221 N CORTEZ ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)443-9455       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150634

ROSA ANZELMO
ROSA'S PIZZERIA INC
ROSA'S PIZZERIA
3020 SUNNY BRAE CIR
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133489         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROSA  ANZELMO                 ___________________
Location: ROSA'S PIZZERIA               ___________________
          330 W GURLEY ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-7400       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150635

HAROLD MELKER OLSON
REDROCK RESTAURANTS.COM,INC
HARRY'S HIDEAWAY
15 HERITAGE CIRCLE
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133469         Renew? ______Yes_____No
Status:   Active           Status Date:     12/28/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HAROLD MELKER OLSON           ___________________
Location: HARRY'S HIDEAWAY              ___________________
          10990 E CORNVILLE RD #C       ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)639-2222       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150636

JITEN SIBAL
GREEN FILI LLC
FILIBERTO'S MEXICAN FOOD
2727 W SOUTHERN AVE #5
TEMPE AZ 85282

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133510         Renew? ______Yes_____No
Status:   Active           Status Date:     5/7/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JITEN  SIBAL                  ___________________
Location: FILIBERTO'S MEXICAN FOOD      ___________________
          576 MILLER VALLEY RD          ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)445-2244       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150637

JEFFREY LEE HERBERT
SUPERSTITION MEADERY LLC
SUPERSTITION MEADERY
1710 ROLLING HILLS DR
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133039         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY LEE HERBERT           ___________________
Location: SUPERSTITION MEADERY          ___________________
          120 W GURLEY ST               ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (480)296-4212       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150638

JARED MICHAEL REPINSKI
DESERT TUMBLEWEED LLC
TUMBLEWEED INN
1784 N PINAL AVE
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110051         Renew? ______Yes_____No
Status:   Active           Status Date:     12/12/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        _________________
Location: TUMBLEWEED INN                _________________
          3802 W FRONTIER ST            _________________
          ELOY, AZ 85131                _________________
Business Phone:     (520)466-9972       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150639

RONDA RAE HAYTER
PRESCOTT CRUSH LLC
PRESCOTT CRUSH
1915 ARROWHEAD DRIVE
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130057         Renew? ______Yes_____No
Status:   Active           Status Date:     3/31/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RONDA RAE HAYTER              ___________________
Location: PRESCOTT CRUSH                ___________________
          1781 E STATE HWY 69 STE 15    ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)710-4095       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150640

JOHN CARDINALI
PLANET RENTALS LLC
DESERT OASIS MARKET
450 N PAGE SPRINGS RD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133282         Renew? ______Yes_____No
Status:   Active           Status Date:     4/13/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN  CARDINALI               ___________________
Location: DESERT OASIS MARKET           ___________________
          1160 S PAGE SPRINGS RD        ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)202-3509       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150641

ARBEN BESHKU
BENI'S PIZZA
3253 W MORSE DR
ANTHEM AZ 85086

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133560         Renew? ______Yes_____No
Status:   Active           Status Date:     1/13/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BENI'S PIZZA                  _________________
          34351 S OLD BLACK CANYON HWY   __________________
          BLACK CANYON CITY, AZ 85324   __________________
Business Phone:     (623)374-9492       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133465         Renew? ______Yes_____No
Status:   Active           Status Date:     9/2/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: AUROMA PIZZA                  _________________
          850 HWY 89                    _________________
          CHINO VALLEY, AZ 85086        _________________
Business Phone:     (602)332-5445       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150642

ANTHONY JAMES PUGLIANO
AKP ENTERPRISES LLC
VILLAGE CHEVRON
P O BOX 20007
SEDONA AZ 86341

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130028         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY JAMES PUGLIANO        ___________________
Location: VILLAGE CHEVRON               ___________________
          6416 HWY 179                  ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-2912       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00

-------------------------------------------------------------------------------
License#  10133225         Renew? ______Yes_____No
Status:   Active           Status Date:     2/17/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANTHONY JAMES PUGLIANO        ___________________
Location: COTTONWOOD 76                 ___________________
          1475 S HYW 260                ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-0405       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150643

CATHERINE ANNE SEIPPEL
V F W #6739
VFW #6739
P O BOX 1528
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14133005         Renew? ______Yes_____No
Status:   Active           Status Date:     9/13/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CATHERINE ANNE SEIPPEL        _________________
Location: VFW #6739                     _________________
          277 W ST RT 260               _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-4642       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150644

GURNAM RAM
INDIAN RESTAURANT LLC
INDIA PALACE
1910 W HWY 89A #102
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133535         Renew? ______Yes_____No
Status:   Active           Status Date:     9/19/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GURNAM  RAM                   _________________
Location: INDIA PALACE                  _________________
          1910 W HWY 89A #102           _________________
          SEDONA, AZ 86336              _________________
Business Phone:     (928)204-2300       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150645

JOSEPH JOHN DESALVO
RELICS LLC
HISTORIC RAINBOWS END-RELICS
3235 W HIGHWAY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130070         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH JOHN DESALVO           ___________________
Location: HISTORIC RAINBOWS END-RELICS  ___________________
          3235 W HWY 89A                ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-1593       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150646

DAVID B MICHELSON
PALACE ON WHISKEY ROW L.L.C.
PALACE
120 S MONTEZUMA ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133039         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAVID B MICHELSON             _________________
Location: PALACE                        _________________
          120 S MONTEZUMA ST            _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (520)541-1996       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150647

ERIC SYLVESTER JURISIN
BOCCE COTTONWOOD LLC
BOCCE
P O BOX 896
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130073         Renew? ______Yes_____No
Status:   Active           Status Date:     7/2/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC SYLVESTER JURISIN        _________________
Location: BOCCE                         _________________
          1060 N MAIN ST                _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)301-0168       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150648

PATRICIA CANDACE PLZAK
PLZAK ENTERPRISES LLC
HANDLEBAR PUB & GRILL
650 W APACHE TRAIL
APACHE JUNCTION AZ 85120

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07116000         Renew? ______Yes_____No
Status:   Active           Status Date:     10/31/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PATRICIA CANDACE PLZAK        ___________________
Location: HANDLEBAR PUB & GRILL         ___________________
          650 W APACHE TRL              ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)982-2091       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150649

RANDY D NATIONS
SF MARKETS LLC (FN)
SPROUTS FARMERS MARKET #28
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133266         Renew? ______Yes_____No
Status:   Active           Status Date:     5/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SPROUTS FARMERS MARKET #28    ___________________
          5645 E STATE ROUTE 69         ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)379-8000       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150650

RICHARD Y CHAIDEZ
RICHIE'S LIQUOR
26 COLEMAN
SUPERIOR AZ 85273

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110017         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: RICHIE'S LIQUOR               _________________
          895 HWY 60                    _________________
          SUPERIOR, AZ 85273            _________________
Business Phone:     (520)689-5451       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150651

ANGELINA H SALAZAR
LAS MICHOACANAS LLC
LAS MICHOACANAS RESTAURANT
P O BOX 806
MAMMOTH AZ 85618

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113225         Renew? ______Yes_____No
Status:   Active           Status Date:     1/3/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ANGELINA H SALAZAR            ___________________
Location: LAS MICHOACANAS RESTAURANT    ___________________
          337 HWY 77                    ___________________
          MAMMOTH, AZ 85618             ___________________
Business Phone:     (520)487-2380       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150652

FRANKIE GAYE CROSS
ARIZONA HIDEAWAY LLC
FRANKIE'S CHUCKWAGON
PO BOX 368
PICACHO AZ 85141

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113189         Renew? ______Yes_____No
Status:   Active           Status Date:     10/15/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANKIE GAYE CROSS            ___________________
Location: FRANKIE'S CHUCKWAGON          ___________________
          18428 B S PICACHO BLVD        ___________________
          PICACHO, AZ 85141             ___________________
Business Phone:     (520)466-2966       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150653

KENNETH JAMES BARRO
KJB ENTERPRISES INC
BARRO'S PIZZA
1006 W ARMSTRONG WAY
CHANDLER AZ 85286

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113122         Renew? ______Yes_____No
Status:   Active           Status Date:     9/11/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KENNETH JAMES BARRO           ___________________
Location: BARRO'S PIZZA                 ___________________
          44600 SMITH ENKE RD #101      ___________________
          MARICOPA, AZ 85239            ___________________
Business Phone:     (520)494-7777       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150654

GHAZI T HADDAD
HADDAD GHAZI ET AL
MAYER MARKET
P O BOX 215
MAYER AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  09130014         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GHAZI T HADDAD                _________________
Location: MAYER MARKET                  _________________
          HWY 69                        _________________
          MAYER, AZ 86333               _________________
Business Phone:     (928)632-7311       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150655

CRAIG MATTHEW DENNY
PUDGE & ASTI'S PUB
721 6TH ST
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06130018         Renew? ______Yes_____No
Status:   Active           Status Date:     11/7/1995
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: PUDGE & ASTI'S PUB            _________________
          721 6TH ST                    _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (928)778-2893       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150656

NOE DEL TRANCITO VASQUEZ
ACCESSION LLC
DIAMOND LIL'S BAR & GRILL
695 E VASQUEZ WAY
CASA GRANDE AZ 85193

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110053         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/26/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NOE DEL TRANCITO VASQUEZ      ___________________
Location: DIAMOND LIL'S BAR & GRILL     ___________________
          202 E FRONTIER BLVD           ___________________
          ELOY, AZ 85231                ___________________
Business Phone:     (520)466-3762       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00

-------------------------------------------------------------------------------
License#  07110013         Renew? ______Yes_____No
Status:   Active           Status Date:     8/17/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    NOE DEL TRANCITO VASQUEZ      ___________________
Location: LA NUEVA EVENT CENTER         ___________________
          5841 S SANDSTONE AVE          ___________________
          CASA GRANDE, AZ 85293         ___________________
Business Phone:                         __________

Renewal Fees:
     License Renewal:                   75.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____) _____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150657

ERIC CHRISTOPHER MARICHAL
BLACK HOLE BEER COMPANY
1590 SWENSON ST
PRESCOTT AZ 86305

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130006         Renew? ______Yes_____No
Status:   Active           Status Date:     7/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: BLACK HOLE BEER COMPANY       _________________
          1590 SWENSON ST               _________________
          PRESCOTT, AZ 86305            _________________
Business Phone:     (928)237-9029       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150658

MOHAMMAD TARIQ
TSN LLC
LUCKY LIQUOR STAR
11338 E BELLFLOWER CT
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  09110061         Renew? ______Yes_____No
Status:   Active           Status Date:     5/29/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MOHAMMAD  TARIQ               ___________________
Location: LUCKY LIQUOR STAR             ___________________
          987 N ARIZONA BLVD            ___________________
          COOLIDGE, AZ 85128            ___________________
Business Phone:     (520)723-1024       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150659

EVODIO BARRIENTOS
DEMARCOS PIZZA SUBS & MORE LLC
DEMARCOS PIZZA SUBS & MORE
P O BOX 3
GLOBE AZ 85502

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113241         Renew? ______Yes_____No
Status:   Active           Status Date:     8/28/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EVODIO  BARRIENTOS            ___________________
Location: DEMARCOS PIZZA SUBS & MORE    ___________________
          433 W HWY 60                  ___________________
          SUPERIOR, AZ 85173            ___________________
Business Phone:     (520)689-0168       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150660

JULIA KRISTEN MIKKELSEN
ROOSTERED JOJO'S LLC
ROOSTERED JOJO'S
12590 W WAVERLY DR
CASA GRANDE AZ 85194

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110034         Renew? ______Yes_____No
Status:   Active           Status Date:     1/10/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIA KRISTEN MIKKELSEN       ___________________
Location: ROOSTERED JOJO'S              ___________________
          2525 N PINAL AVE              ___________________
          CASA GRANDE, AZ 85122         ___________________
Business Phone:     (520)426-4266       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150661

WILLIAM WARREN WALSH, JR.
BUMBLE BEE ADVENTURES LLC
BUMBLE BEE RANCH
HC 34 BOX 5075
BUMBLE BEE AZ 86333

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  11133014         Renew? ______Yes_____No
Status:   Active           Status Date:     9/24/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM WARREN WALSH, JR.     __________________
Location: BUMBLE BEE RANCH              __________________
          23925 S BUMBLE BEE RD         __________________
          MAYER, AZ 86333               __________________
Business Phone:     (623)374-0002       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150662

BRANDY LEE VARACALLI
GUIDO'S PIZZA LLC
GUIDO'S PIZZA
150 S HWY 69 STE 3 & 4
DEWEY AZ 86327

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133427         Renew? ______Yes_____No
Status:   Active           Status Date:     9/23/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BRANDY LEE VARACALLI          _________________
Location: GUIDO'S PIZZA                 _________________
          150 S HWY 69 #3 & 4           _________________
          DEWEY, AZ 86327               _________________
Business Phone:     (928)632-5950       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150663

JASON BARCLAY MORRIS
GERMAN DOBSON CVS LLC
CVS/PHARMACY #00086
2525 E ARIZONA BILTMORE CIR #A-212
PHOENIX AZ 85016

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 09110046 Renew? _____Yes_____No
Status: Active Status Date: 1/22/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #00086 _____
1686 E FLORENCE BLVD _____
CASA GRANDE, AZ 85122 _____
Business Phone: (520)876-4357 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09110029 Renew? _____Yes_____No
Status: Active Status Date: 8/2/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #06719 _____
44274 W SMITH ENKE RD _____
MARICOPA, AZ 85138 _____
Business Phone: (520)568-8290 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130056 Renew? _____Yes_____No
Status: Active Status Date: 5/20/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS/PHARMACY #10425 _____
20 AIRPORT RD _____
SEDONA, AZ 86336 _____
Business Phone: _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130041 Renew? _____Yes_____No
Status: Active Status Date: 12/15/2014
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: JASON BARCLAY MORRIS _____
Location: CVS PHARMACY # 10147 _____
901 WILLOW LAKE ROAD _____
PRESCOTT, AZ 86301 _____
Business Phone: _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150664

H J LEWKOWITZ
CHIPOTLE MEXICAN GRILL INC
CHIPOTLE MEXICAN GRILL #2457
2600 N CENTRAL AVE #1775
PHOENIX AZ 85004

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113256         Renew? ______Yes_____No
Status:   Active           Status Date:     7/2/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: CHIPOTLE MEXICAN GRILL #2457  ___________________
          21423 N JOHN WAYNE PKWY       ___________________
          MARICOPA, AZ 85138            ___________________
Business Phone:     (520)374-0331       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00

-------------------------------------------------------------------------------
License#  12133496         Renew? ______Yes_____No
Status:   Active           Status Date:     11/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    H J LEWKOWITZ                 ___________________
Location: CHIPOTLE MEXICAN GRILL #1711  ___________________
          351 N MONTEZUMA ST SUITE #B   ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners,

partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150665

HEATHER MARIE RAMIREZ
JAMES K & JEAN M POPE FAMILY TRUST
ROAD KILL
PO BOX 5
SELIGMAN AZ 86337

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130054         Renew? ______Yes_____No
Status:   Active           Status Date:     2/24/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    HEATHER MARIE RAMIREZ         ___________________
Location: ROAD KILL                     ___________________
          502 W HWY 66                  ___________________
          SELIGMAN, AZ 86337            ___________________
Business Phone:     (928)422-3512       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150666

SARITH LON
LONGROW LLC
LUCKY STAR MARKET
204 N E ST
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110075         Renew? ______Yes_____No
Status:   Active           Status Date:     4/5/2001
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    SARITH  LON                   _________________
Location: LUCKY STAR MARKET             _________________
          204 N E ST                    _________________
          ELOY, AZ 85231                _________________
Business Phone:     (520)466-3426       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150667

DAPHANIE G HANCOCK SANCHEZ GOODMAN
G-VISION QUEST INC
GABRIELA'S TACO SHOP AND FRESH GARDEN SALSA
P O BOX 1227
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133609         Renew? ______Yes_____No
Status:   Active           Status Date:     5/19/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DAPHANIE G HANCOCK SANCHEZ GOODMAN_________________
Location: GABRIELA'S TACO SHOP AND FRESH GARDEN SALSA_________________
          1620 STATE ROUTE 260 #D       _________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)567-2120       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150668

DELPHINE SANDRA DEHAAN
DELL'S INC
DELL'S PIZZA
550 E COTTONWOOD
CASA GRANDE AZ 85122

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110051         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DELPHINE SANDRA DEHAAN        ___________________
Location: DELL'S PIZZA                  ___________________
          1654 N PINAL AVE              ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-5391       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12110006         Renew? ______Yes_____No
Status:   Active           Status Date:     1/1/1986
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DELPHINE SANDRA DEHAAN        ___________________
Location: DELL'S PIZZA                  ___________________
          1654 N PINAL AVE              ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-5391       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150669

UTHAIWAN LOVINIJNAN OLSON
MAI THAI ON MAIN INC
MAI THAI ON MAIN
3190 N HWY 89A
SEDONA AZ 86336

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133158         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    UTHAIWAN LOVINIJNAN OLSON     ___________________
Location: MAI THAI ON MAIN              ___________________
          157 S MAIN ST                 ___________________
          COTTONWOOD, AZ 86326          ___________________
Business Phone:     (928)649-2999       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150670

JOSE LUIS ARCEO VERBERA
ALBERTO INC
PLAZA BONITA FAMILY MEXICAN RESTAURANT
164 COFFEE POT DR #G & H
SEDONA AZ 86340

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133344         Renew? ______Yes_____No
Status:   Active           Status Date:     12/11/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSE LUIS ARCEO VERBERA       ___________________
Location: PLAZA BONITA FAMILY MEXICAN RESTAURANT___________________
          164  COFFEE POT DR #G & H     ___________________
          SEDONA, AZ 86340              ___________________
Business Phone:     (928)282-2728       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150671

LARRY DEAN LAMPER
CELTIC CROSSINGS PUB INC
CELTIC CROSSINGS PUB
737 KALIMERA CIR
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133564         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LARRY DEAN LAMPER             ___________________
Location: CELTIC CROSSINGS PUB          ___________________
          1951 E HWY 69                 ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)443-8454       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150672

JESSE EDWARD DIEHL
GOLF VERDE SANTA FE INC
VERDE SANTA FE GRILL
645 S VERDE SANTA FE PKWY
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07130013         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESSE EDWARD DIEHL            ___________________
Location: VERDE SANTA FE GRILL          ___________________
          645 S VERDE SANTA FE PKWY     ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)649-3541       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  12133448         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2009
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JESSE EDWARD DIEHL            ___________________
Location: VERDE SANTA FE GRILL          ___________________
          645 S VERDE SANTA FE PKWY     ___________________
          CORNVILLE, AZ 86325           ___________________
Business Phone:     (928)649-3541       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                   500.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             20.00
     Total:                             585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150673

GAYLE LIANE DAVIS
FLORENCE LIQUORS
PO BOX 12120
CHANDLER AZ 85249

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  09110038         Renew? ______Yes_____No
Status:   Active           Status Date:     2/17/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: FLORENCE LIQUORS              _________________
          231 N MAIN ST                 _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (602)541-1594       __________

Renewal Fees:
     License Renewal:                   50.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150674

EARL JAMES BARNABY
V F W #1796
V F W #1796
P O BOX 64
BLACK CANYON CITY AZ 85324

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  14130017         Renew? ______Yes_____No
Status:   Active           Status Date:     9/12/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    EARL JAMES BARNABY            ___________________
Location: V F W #1796                   ___________________
          34801 S FRONTAGE RD           ___________________
          BLACK CANYON CITY, AZ 85324   ___________________
Business Phone:     (623)374-9246       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150675

LAUREN KAY MERRETT
GANTZEL FARMS COUNTRY STORE LLC
GANTZEL FARMS COUNTRY STORE
25 W OCOTILLO RD
SAN TAN VALLEY AZ 85140

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110006         Renew? ______Yes_____No
Status:   Active           Status Date:     2/16/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: GANTZEL FARMS COUNTRY STORE   ___________________
          25 W OCOTILLO RD              ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)888-1800       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150676

MICHAEL VASILIS KOUVELAS
HASSAYAMPA INN LLC
HASSAYAMPA INN
122 E GURLEY ST STE A100
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  11133010         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MICHAEL VASILIS KOUVELAS      ___________________
Location: HASSAYAMPA INN                ___________________
          122 E GURLEY ST STE A100      ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)778-9434       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            555.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150677

FIONA CAROLINE REID
PAINTED LADY VINEYARD LLC
PAINTED LADY VINEYARD
P O BOX 293
SKULL VALLEY AZ 86338

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  13133035         Renew? ______Yes_____No
Status:   Active           Status Date:     6/12/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FIONA CAROLINE REID           ___________________
Location: PAINTED LADY VINEYARD         ___________________
          12215 W KELTON LN             ___________________
          SKULL VALLEY, AZ 86338        ___________________
Business Phone:     (928)442-9831       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150678

JULIE ANN RODRIGUEZ
RAVEN BBB LLC
PRESCOTT LOBSTER & SEAFOOD COMPANY
1402 MOYER RD
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133611         Renew? ______Yes_____No
Status:   Active           Status Date:     5/5/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JULIE ANN RODRIGUEZ           ___________________
Location: PRESCOTT LOBSTER & SEAFOOD COMPANY___________________
          220 W GOODWIN ST #2           ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)445-0783       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150679

DARRELL FRANKLIN WALLACE
C J MARKET
P O BOX 538
KEARNY AZ 85137

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113225         Renew? ______Yes_____No
Status:   Active           Status Date:     7/3/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: C J MARKET                    _________________
          1111 & 1113 TILBURY DR        _________________
          KEARNY, AZ 85137              _________________
Business Phone:     (520)363-7207       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150680

LAUREN KAY MERRETT
TEXAS ROADHOUSE HOLDINGS LLC
TEXAS ROADHOUSE
736 S LONGMORE ST
CHANDLER AZ 85224

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133409         Renew? ______Yes_____No
Status:   Active           Status Date:     6/12/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LAUREN KAY MERRETT            ___________________
Location: TEXAS ROADHOUSE               ___________________
          3310 GATEWAY BLVD             ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)778-7427       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150681

ERIC STEVEN GLOMSKI
PAGE SPRINGS CELLARS INC
PAGE SPRINGS VINEYARDS & CELLARS
1500 NORTH PAGE SPRINGS ROAD
CORNVILLE AZ 86325

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  13133004         Renew? ______Yes_____No
Status:   Active           Status Date:     4/27/2004
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ERIC STEVEN GLOMSKI           ___________________
Location: PAGE SPRINGS VINEYARDS & CELLARS___________________
          1500 NORTH PAGE SPRINGS ROAD   ___________________
          CORNVILLE, AZ 86325            ___________________
Business Phone:     (928)639-3004        __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150682

JAMES DAVID RIDENHOUR, JR.
V F W #3584
V F W #3584
P O BOX 411
SUPERIOR AZ 85173

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110008         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JAMES DAVID RIDENHOUR, JR.    __________________
Location: V F W #3584                   __________________
          405 MAIN ST                   __________________
          SUPERIOR, AZ 85173            __________________
Business Phone:     (520)689-5552       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150683

MARCUS AMADEAU DAFONSECA
TWIST OF FATE PARTNERSHIP
MADAME MEL'S BISTRO
PO BOX 1206
JEROME AZ 86331

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133570         Renew? ______Yes_____No
Status:   Active           Status Date:     12/13/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    MARCUS AMADEAU DAFONSECA      _________________
Location: MADAME MEL'S BISTRO           _________________
          412 MAIN ST                   _________________
          JEROME, AZ 86331              _________________
Business Phone:                         __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150684

ROBERT PETER WILLIAMS
ZEKE'S EATIN' PLACE INC
ZEKE'S EATIN PLACE
1781 E HWY 69 STE #35
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133071         Renew? ______Yes_____No
Status:   Active           Status Date:     9/1/2000
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ROBERT PETER WILLIAMS         ___________________
Location: ZEKE'S EATIN PLACE            ___________________
          1781 E HWY 69 SUITE #35       ___________________
          PRESCOTT, AZ 86301            ___________________
Business Phone:     (928)776-4602       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150685

RUDY H ESPITIA
FOE #3600
FOE #3600
218 N CORTEZ
PRESCOTT AZ 86301

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14130011         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RUDY H ESPITIA                _________________
Location: FOE #3600                     _________________
          218 N CORTEZ ST               _________________
          PRESCOTT, AZ 86301            _________________
Business Phone:     (520)778-6688       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150686

RANDY D NATIONS
GAJANAND INC
SHELL FOOD MART #1
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113248         Renew? ______Yes_____No
Status:   Active           Status Date:     4/1/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: SHELL FOOD MART #1            ___________________
          420 N APACHE TRAIL            ___________________
          APACHE JUNCTION, AZ 85220     ___________________
Business Phone:     (480)288-6000       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150687

FRANCESCO LAWRANCE PALAZZOLO
NONNA MARIA'S PIZZA INC
NONNA MARIAS RISTORANTE & PIZZERIA
2161 ROCKCLIFF BLVD
ORACLE AZ 85623

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12113098         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    FRANCESCO LAWRANCE PALAZZOLO  ___________________
Location: NONNA MARIAS RISTORANTE & PIZZERIA___________________
          2161 ROCKCLIFF  BLVD          ___________________
          ORACLE, AZ 85623              ___________________
Business Phone:     (520)896-3522       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150688

RANDY D NATIONS
PICTURE SHOW ENTERTAINMENT LLC
PICTURE SHOW AT FRONTIER VILLAGE
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  06130028         Renew? ______Yes_____No
Status:   Active           Status Date:     11/25/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: PICTURE SHOW AT FRONTIER VILLAGE___________________
          1771 E HWY 69                ___________________
          PRESCOTT, AZ 86301           ___________________
Business Phone:     (928)237-5028      __________

Renewal Fees:
     License Renewal:                 150.00
     ARS 4-209 K Sur-Charge:           35.00
     Audit Sur-Charge:                 30.00
     ARS 4-209 L Sur-Charge:           35.00
     Total:                           250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150689

BINH PHUOC NHAT LE
LEE'S FOODLAND MARKET LLC
LEE'S FOODLAND MARKET
308 S MAIN ST
COOLIDGE AZ 85228

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110040         Renew? ______Yes_____No
Status:   Active           Status Date:     10/11/2007
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BINH PHUOC NHAT LE            ___________________
Location: LEE'S FOODLAND MARKET         ___________________
          308 S MAIN ST                 ___________________
          COOLIDGE, AZ 85228            ___________________
Business Phone:     (520)723-4997       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150690

BILLY L YANDELL
YANDELL BILLY PARTNERSHIP
NEW CAMP STORE
P O BOX 3107-EMC
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09110059         Renew? ______Yes_____No
Status:   Active           Status Date:     9/9/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    BILLY L YANDELL               ___________________
Location: NEW CAMP STORE                ___________________
          788 N 11 MILE CORNER RD       ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)723-3972       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150691

PETER KENNETH NIEDERER
T N ENTERPRISES INC
TOP SHELF LIQUORS
P O BOX 2790
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  09130034         Renew? ______Yes_____No
Status:   Active           Status Date:     9/15/1998
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER KENNETH NIEDERER        _________________
Location: TOP SHELF LIQUORS             _________________
          #1 GENERAL CROOK TRL & 736 SR 260   __________________
          CAMP VERDE, AZ 86322          _________________
Business Phone:     (928)282-4476       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  09130046         Renew? ______Yes_____No
Status:   Active           Status Date:     3/22/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    PETER KENNETH NIEDERER        _________________
Location: TOPSHELF LIQUORS              _________________
          580 E HWY 89A                 _________________
          COTTONWOOD, AZ 86324          _________________
Business Phone:     (928)634-1426       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150692

ALFIE BRYAN WARE
PRESCOTT CAPITAL CORP
PV WINES
7655 E FLORENTINE RD
PRESCOTT AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 07130059 Renew? _____Yes_____No
Status: Active Status Date: 1/2/2008
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ALFIE BRYAN WARE _____
Location: PV WINES _____
7655 E FLORENTINE RD STE A _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-9665 _____

Renewal Fees:

License Renewal:	75.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	175.00

License# 09130053 Renew? _____Yes_____No
Status: Inactive Status Date: 9/1/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ALFIE BRYAN WARE _____
Location: LIQUOR BARN _____
17257 E SPRING LN _____
SPRING VALLEY, AZ 86333 _____
Business Phone: (928)632-4267 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 09130033 Renew? _____Yes_____No
Status: Active Status Date: 7/30/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: ALFIE BRYAN WARE _____
Location: LIQUOR BARN _____
7655 E FLORENTINE RD _____
PRESCOTT VALLEY, AZ 86314 _____
Business Phone: (928)772-9665 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____

Name Street City County Zip

2) _____ _____

Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150693

GEORGE IRA ATWELL
ROBSON RANCH CG HOMEOWNERS ASSOCIATION INC
ROBSON RANCH CG GRILL
5750 N ROBSON BLVD
ELOY AZ 85231

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110037         Renew? ______Yes_____No
Status:   Active           Status Date:     6/18/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    GEORGE IRA ATWELL             _________________
Location: ROBSON RANCH CG GRILL         _________________
          5750 N ROBSON BLVD            _________________
          ELOY, AZ 85231                _________________
Business Phone:     (520)426-3332       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150694

DARSHANA BIREN PATEL
LIQUOR FACTORY & BAR LLC
LIQUOR FACTORY
930 E FLORENCE BLVD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07110047         Renew? ______Yes_____No
Status:   Active           Status Date:     1/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARSHANA BIREN PATEL          ___________________
Location: LIQUOR FACTORY                ___________________
          930 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-9088       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  09110031         Renew? ______Yes_____No
Status:   Active           Status Date:     6/25/2008
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    DARSHANA BIREN PATEL          ___________________
Location: LIQUOR FACTORY                ___________________
          930 E FLORENCE BLVD           ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-9088       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150695

RICHARD JOSPEH LABAKIS
AMERICAN LEGION #9
AMERICAN LEGION #9
P O BOX 1080
FLORENCE AZ 85132

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  14110022         Renew? ______Yes_____No
Status:   Active           Status Date:     9/5/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RICHARD JOSPEH LABAKIS        _________________
Location: AMERICAN LEGION #9            _________________
          441 N MAIN ST                 _________________
          FLORENCE, AZ 85132            _________________
Business Phone:     (520)868-5576       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            220.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150696

ISLAMSHAH AMLANI
AFAREEN ENTERPRISES LLC
TUMBLEWEED MARKET
7909 S DATELAND DR
TEMPE AZ 85284

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113125         Renew? ______Yes_____No
Status:   Active           Status Date:     9/20/2006
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    ISLAMSHAH  AMLANI             ___________________
Location: TUMBLEWEED MARKET             ___________________
          13640 S SUNLAND GIN RD        ___________________
          ARIZONA CITY, AZ 85223        ___________________
Business Phone:     (520)466-6380       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150697

JOHN ALEXANDER PHILLIPS
PPLD LLC
PARK PLAZA LIQUOR & DELI
402 W GOODWIN ST
PRESCOTT AZ 86303

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  07135002         Renew? ______Yes_____No
Status:   Active           Status Date:     2/10/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN ALEXANDER PHILLIPS       ___________________
Location: PARK PLAZA LIQUOR & DELI      ___________________
          402 W GOODWIN ST              ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)541-9894       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00

-------------------------------------------------------------------------------
License#  09135002         Renew? ______Yes_____No
Status:   Active           Status Date:     12/30/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOHN ALEXANDER PHILLIPS       ___________________
Location: PARK PLAZA LIQUOR & DELI      ___________________
          402 W GOODWIN ST              ___________________
          PRESCOTT, AZ 86303            ___________________
Business Phone:     (928)541-9894       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150698

THOMAS O'BRIAN BEAUTY
YAVAPAI APACHE NATION
CLIFF CASTLE CASINO & HOTEL
2400 W DATSI ST
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

License# 06130052 Renew? _____Yes_____No
Status: Active Status Date: 9/6/2007
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THOMAS O'BRIAN BEAUTY _____
Location: CLIFF CASTLE CASINO & HOTEL _____
555 MIDDLE VERDE RD _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)567-7900 _____

Renewal Fees:

License Renewal:	150.00
ARS 4-209 K Sur-Charge:	35.00
Audit Sur-Charge:	30.00
ARS 4-209 L Sur-Charge:	35.00
Total:	250.00

License# 10133257 Renew? _____Yes_____No
Status: Active Status Date: 11/1/2013
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THOMAS O'BRIAN BEAUTY _____
Location: YAVAPAI-APACHE WHITEHILLS _____
320 W CASTLE LN _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)554-0731 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133287 Renew? _____Yes_____No
Status: Active Status Date: 5/26/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THOMAS O'BRIAN BEAUTY _____
Location: MARKET PLACE _____
3400 W STATE ROUTE 260 _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)567-8881 _____

Renewal Fees:

License Renewal:	50.00
ARS 4-209 K Sur-Charge:	35.00
ARS 4-209 L Sur-Charge:	35.00
Total:	120.00

License# 10133281 Renew? _____Yes_____No
Status: Active Status Date: 4/13/2015
License Inactive? _____Yes_____No Changes:(may require additional Filing)
Agent: THOMAS O'BRIAN BEAUTY _____
Location: DISTANT DRUM RV RESORT _____
583 W MIDDLE VERDE RD _____
CAMP VERDE, AZ 86322 _____
Business Phone: (928)554-8000 _____

```
Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150699

JOSEPH EDWARD MOONEY
FULL MOON SALOON LLC
FULL MOON SALOON
15 RIO SINAGUA
SEDONA AZ 86351

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06130067         Renew? ______Yes_____No
Status:   Active           Status Date:     9/3/2003
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOSEPH EDWARD MOONEY          ___________________
Location: FULL MOON SALOON              ___________________
          7000 HWY 179 STE G-100        ___________________
          SEDONA, AZ 86351              ___________________
Business Phone:     (928)284-1872       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150700

CATHERINE GAIL WALKER
RHJ JOHNSON RANCH PIZZA LLC
ROSATI'S PIZZA
287 E HUNT HWY #108
QUEEN CREEK AZ 85243

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12113220         Renew? ______Yes_____No
Status:   Active           Status Date:     8/21/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CATHERINE GAIL WALKER         ___________________
Location: ROSATI'S PIZZA                ___________________
          287 E HUNT HWY #108           ___________________
          QUEEN CREEK, AZ 85243         ___________________
Business Phone:     (480)677-4000       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150701

KAREN ELIZABETH SEARLE
PINAL COUNTY BOARD OF SUPERVISORS
PINAL COUNTY FAIRGROUNDS
P O BOX 3110 11 MI CORNER RD
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  05110001         Renew? ______Yes_____No
Status:   Active           Status Date:     8/31/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    KAREN ELIZABETH SEARLE        ___________________
Location: PINAL COUNTY FAIRGROUNDS      ___________________
          11 MI CORNER RD               ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)723-7881       __________

Renewal Fees:
     License Renewal:                  100.00
     ARS 4-209 K Sur-Charge:            35.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            170.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150702

THOMAS RAY SHOPE
SHOPE ENTERPRISES
SHOPE'S MARKET
P O BOX 1627
COOLIDGE AZ 85128

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10111011         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THOMAS RAY SHOPE              ___________________
Location: SHOPE'S MARKET                ___________________
          1940 S ARIZONA BLVD           ___________________
          COOLIDGE, AZ 85128            ___________________
Business Phone:     (520)723-4567       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150703

THERESA JUNE MORSE
CHIMI'S LLC
O'SHAYS PUB & GRILL
20800 N JOHN WAYNE PKWY #101
MARICOPA AZ 85239

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110029         Renew? ______Yes_____No
Status:   Pending          Status Date:     5/8/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    THERESA JUNE MORSE            _________________
Location: O'SHAYS  PUB & GRILL          _________________
          20800 N JOHN WAYNE PKWY #101   __________________
          MARICOPA, AZ 85239            _________________
Business Phone:     (520)568-5338       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150704

MIGUEL OLVERA BAUTISTA
ALEJO'S MINI MARKET
8630 E STATE ROUTE 69
PRESCOTT VALLEY AZ 86314

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10133269         Renew? ______Yes_____No
Status:   Active           Status Date:     7/14/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  ___________________
Location: ALEJO'S MINI MARKET           ___________________
          8630 E STATE  ROUTE 69        ___________________
          PRESCOTT VALLEY, AZ 86314     ___________________
Business Phone:     (928)759-0015       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150705

WILLIAM LEE HAWKINS
QUEEN CREEK XVIII LLC
LINKS AT QUEEN CREEK GOLF COURSE
7317 E GREENWAY RD
SCOTTSDALE AZ 85260

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  07110020         Renew? ______Yes_____No
Status:   Active           Status Date:     10/11/2005
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    WILLIAM LEE HAWKINS           ___________________
Location: LINKS AT QUEEN CREEK GOLF COURSE___________________
          445 E OCOTILLO RD             ___________________
          SAN TAN VALLEY, AZ 85140      ___________________
Business Phone:     (480)987-1910       __________

Renewal Fees:
     License Renewal:                    75.00
     ARS 4-209 K Sur-Charge:             35.00
     Audit Sur-Charge:                   30.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             175.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150706

CHARANJIT SINGH BAJWA
PRIDE TRAVEL CENTER LLC
PRIDE TRAVEL CENTER
5240 S SUNLAND GIN RD
ELOY AZ 85231-9079

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10113094         Renew? ______Yes_____No
Status:   Active           Status Date:     9/6/2011
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    CHARANJIT SINGH BAJWA         ___________________
Location: PRIDE TRAVEL CENTER           ___________________
          5240 S SUNLAND GIN RD         ___________________
          CASA GRANDE, AZ 85222         ___________________
Business Phone:     (520)836-9681       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150707

JEFFREY HOWARD ROFF
MRS GOOCH'S NATURAL FOOD MARKETS INC
WHOLE FOODS MARKET
550 BOWIE ST
ATTN LEGAL TEAM
AUSTIN TX 78703

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10133273         Renew? ______Yes_____No
Status:   Active           Status Date:     9/4/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY HOWARD ROFF           ___________________
Location: WHOLE FOODS MARKET            ___________________
          1420 WEST HWY 89A             ___________________
          SEDONA, AZ 86336              ___________________
Business Phone:     (928)282-6311       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00

-------------------------------------------------------------------------------
License#  10133274         Renew? ______Yes_____No
Status:   Active           Status Date:     9/30/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JEFFREY HOWARD ROFF           ___________________
Location: WHOLE FOODS MARKET            ___________________
          1112 IRON SPRINGS RD          ___________________
          PRESCOTT, AZ 86305            ___________________
Business Phone:     (928)445-7370       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____ State of _____County of _____
(Signature)

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150708

FRANCES DIANE KAKAR
KA KAR'S BAR
513 N COOLIDGE AVE
CASA GRANDE AZ 85222

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  06110011         Renew? ______Yes_____No
Status:   Inactive         Status Date:     8/31/2012
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:                                  _________________
Location: KA KAR'S BAR                  _________________
          1130 JIMMIE KERR BLVD         _________________
          CASA GRANDE, AZ 85222         _________________
Business Phone:     (520)876-9475       __________

Renewal Fees:
     License Renewal:                  150.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            35.00
     Total:                            250.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150709

RANDY D NATIONS
99 CENTS ONLY STORES LLC
99 CENTS ONLY STORE #219
P O BOX 2502
CHANDLER AZ 85244

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  10113241         Renew? ______Yes_____No
Status:   Active           Status Date:     9/20/2013
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    RANDY D NATIONS               ___________________
Location: 99 CENTS ONLY STORE #219      ___________________
          3003 W APACHE TRL             ___________________
          APACHE JUNCTION, AZ 85120     ___________________
Business Phone:     (480)983-9915       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150710

JARED MICHAEL REPINSKI
ANCIENT PILLARS LLC
ANCIENT PILLARS TRADITIONAL GREEK CUISINE
P O BOX 6252
CHANDLER AZ 85246

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-----------------------------------------------------------------------------
License#  12133586         Renew? ______Yes_____No
Status:   Active           Status Date:     7/8/2014
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JARED MICHAEL REPINSKI        _________________
Location: ANCIENT PILLARS TRADITIONAL GREEK CUISINE_________________
          1001 N MAIN ST                _________________
          COTTONWOOD, AZ 86326          _________________
Business Phone:     (928)634-1949       __________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150711

JOAO GF MINA
VAQUEROS LLC
VAQUEROS GRILL & CANTINA
486 W SALT MINE RD
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  12133604         Renew? ______Yes_____No
Status:   Active           Status Date:     3/20/2015
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    JOAO GF MINA                  ___________________
Location: VAQUEROS GRILL & CANTINA      ___________________
          363 MAIN ST                   ___________________
          JEROME, AZ 86331              ___________________
Business Phone:     (928)649-9090       ___________
% Of Revenue From Food Sales: _____________

Renewal Fees:
     License Renewal:                  500.00
     ARS 4-209 K Sur-Charge:            35.00
     Audit Sur-Charge:                  30.00
     ARS 4-209 L Sur-Charge:            20.00
     Total:                            585.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ANNUAL RENEWAL OF SPIRITUOUS LIQUOR LICENSE

RH150712

LLOYD G PUGH
FLAG CAR WASH INC
BEAVER HOLLOW MINI MART
P O BOX 690
CAMP VERDE AZ 86322

LICENSES EXPIRE ON AUGUST 31, 2015

RENEWALS MUST BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
A $150 PENALTY WILL BE CHARGED FOR LATE FILING.

THE FEES ALLOWED UNDER A.R.S. § 44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS.

A. TYPE OF OWNERSHIP: **Section A must be completed even if there are no changes**. Please check 'New' box if applicable.

Corporation/L.L.C./Club**:** Attach additional sheet if necessary.
AZ Corporation Commission file number (if applicable): _____

New	Title	Last	First	Middle	Mailing Address	City	State	Zip
☐								
☐								
☐								
☐								
☐								

Percentage of Ownership: **PERCENTAGE MUST EQUAL 100%.** Attach additional sheet if necessary.

New	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐								%
☐								%
☐								%
☐								%

Partnership: Please indicate if General or Limited partner. **PERCENTAGE MUST EQUAL 100%.**

New	G / L	Last	First	Middle	Mailing Address	City	State	Zip	Ownership
☐	☐ ☐								%
☐	☐ ☐								%
☐	☐ ☐								%

06/5/2015

Joint Tenant With Right Of Survivorship (JTWROS):

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

Individual:

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%

B. MANAGER as defined in A.R.S. Section 4-101.22. Manager's Agreement must be on file with the department for each manager.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

C. EQUITABLE INTEREST HOLDER: A Statement of Equitable Interest must be on file with the department.

Last	First	Middle	Mailing Address	City	State	Zip	Ownership
							%
							%

1. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent of more interest, been convicted of ANY felony violation in the past five (5) years or had a liquor license revoked within the last 12 months?

☐ Yes (attach explanation of details) ☐ No

In answering this question my signature indicates I have VERIFIED the accuracy of this answer with those listed above.

X_____ _____

(Signature) (Print Name)

D. LICENSED RESTAURANT CRITERIA - Hotel/motel and restaurant (series 11 and series 12) license renewals require that the Business Data Report be completed and submitted with this application at the time of renewal. Hotel/motel and restaurant (series 11 and series 12) licenses WILL NOT be renewed if the Business Data Report is not attached to this renewal.

E. ANNUAL PRODUCTION REPORTING - Producer licenses shown in the table below must comply with annual production reporting requirements for the calendar year (Jan 1 – Dec 31). This renewal is complete when an annual production report (for the most recently completed calendar year) was submitted to the Arizona Department of Liquor, on or before January 31st.

If you hold this license (check applicable license type):	Use this link to the required annual production report:
☐ Limited Winery (series 2L) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Farm Winery (series 13 or 2W) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Microbrewery (series 3 or 2M) license	http://www.azliquor.gov/AnnualProduction/index.cfm
☐ Craft Distillery (series 18 or 2D) license	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf
☐ Remote Tasting Room (series 19) or a Farm winery (series 13) license operating as a Remote Tasting Room and has not yet surrendered for a Remote Tasting Room license (deadline Jan 1, 2019)	http://www.azliquor.gov/forms/aud_annprodrpt_cover_sheet.pdf

I have filed with the Arizona Department of Liquor an annual production report for the calendar year _____ for the above checked license type.

The following is a list of licenses that are due for renewal, please review them carefully, and make any changes if necessary (changes in ownership or business location may require filing an application with this department):

DO NOT DETACH

```
-------------------------------------------------------------------------------
License#  10130079         Renew? ______Yes_____No
Status:   Active           Status Date:     9/8/2010
License Inactive? _____Yes_____No       Changes:(may require additional Filing)
Agent:    LLOYD G PUGH                  ___________________
Location: BEAVER HOLLOW MINI MART       ___________________
          I-17 & CORNVILLE RD           ___________________
          RIMROCK, AZ 86335             ___________________
Business Phone:     (520)567-4605       __________

Renewal Fees:
     License Renewal:                    50.00
     ARS 4-209 K Sur-Charge:             35.00
     ARS 4-209 L Sur-Charge:             35.00
     Total:                             120.00
```

Your e-mail address: _____

Your daytime contact telephone number: (____)_____

Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control? ☐ No ☐ Yes

If yes, please list the persons name and their new residential address:

1) _____ _____
Name Street City County Zip

2) _____ _____
Name Street City County Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I, _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, or club member making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) 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) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

X_____
(Signature)

State of _____County of _____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Month Year

My commission expires on: _____

_____
Signature of Notary

***Disabled individuals requiring special accommodations, please call (602) 542-9027**